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Research Article

**Challenges and Resilience in
African American Grandparents**

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Abstract

This paper reviews literature on grandparents raising grandchildren, focusing on caregiving challenges and resilience in African American grandparent caregivers within a socio-cultural context. A strengths perspective that emphasizes capacities and competencies at the individual,

family, and community levels is applied in understanding how African American grandparents rely on their strengths to overcome caregiving challenges. Building on the review of social programs and intervention services that targeted empowerment practice, the authors propose an empowerment model of working with African American grandparents, that is, building capacities through an empowerment process to address caregiving challenges and to achieve positive caregiving outcomes. Finally, the paper discusses the empowerment model with particular attention to its practice implications for social workers and other helping professions.

The number of grandparents raising grandchildren in the United States has increased rapidly since the 1970s. In 2010, about 7.3% (i.e., 7.5 million) of children lived in a grandparent's home, compared with 3.2% (i.e., 2.2 million) in 1970 (Casper & Bryson, 1998; Wilson, 2013). Native-born African American children are most likely to live with a grandparent, accounting for 12.2% of African American children nationally (Wilson, 2013). Compared with non-Hispanic Whites, African Americans are over three times more likely to raise their grandchildren (Lipscomb, 2005), and African American grandmothers represent a large group among grandparent caregivers.

Grandparents raising grandchildren has been rooted in African American culture. Cultural dynamics play an important role in keeping the family intact and transferring values and traditions. Although grandparents caring for grandchildren can be a rewarding and joyful experience, many grandparents raise grandchildren under difficult circumstances. Older grandparents experience the effects of aging and are increasingly worried about parenting grandchildren as their physical, mental, and cognitive functioning decline (Fuller-Thomson & Minkler, 2000). It is essential for social workers, health care providers, and social service providers to understand the

role of grandparents in family caregiving and the challenges they face. In addition, attention should be given to the strengths of grandparent caregivers in the face of risk and adversity of caregiving, protective factors at both personal and social levels, and the potential positive outcomes of caregiving (Hayslip & Smith, 2013). In line with the strengths perspective, an empowerment approach has been applied to practice with African American grandparent caregivers. The purpose of this paper is to review the challenges and resilience factors in African American grandparent caregivers (i.e., grandparents raising grandchildren) within a broad social-cultural context, followed by discussions on how to foster resilience in grandparent caregivers under the empowerment approach.

Culture of African American Grandparents Raising Grandchildren

Historically, the extended family was the primary family structure among West Africans at the time of slavery (Scannapieco & Jackson, 1996). Children who had been separated from their slave parents were raised by their grandparents and extended family members (Fuller-Thomson & Minkler, 2000). The West African culture of multigenerational family caregiving was then carried over to the United States (Brown & Mars, 2000). During the first half of the 20th century, the great migration occurred when six million African Americans moved out of the rural Southern states due to poverty, oppression, racism, and lack of employment opportunity, often leaving grandparents responsible for their grandchildren (Fuller-Thomson & Minkler, 2000). Grandchildren were closely connected to their grandparents and other relatives in the extended family, spending time with them and being exposed to cultural traditions (Fuller-Thomson & Minkler, 2000).

African Americans have been important caregivers in families, providing emotional and financial support to their children, grandchildren, and even great grandchildren (Bertera & Crewe, 2013). For many grandchildren, the invaluable support from grandparents is credited as “their lifeline and an irreplaceable source of inspiration” (Bertera & Crewe, 2013, p.178). Grandparents hold a unique role in the African American community, strengthening family ties, ameliorating distress, and transferring values and family traditions through family gatherings and activities (Bertera & Crewe, 2013; Crewe, 2003; 2006).

Currently, grandparent caregiving occurs often as the result of a crisis situation that impairs the ability of birth parents to adequately care for their children (Conway, Jones, & Speakes-Lewis, 2011). When birth parents are unavailable due to substance use disorders, mental health status, incarceration, HIV/AIDS, or homicide, grandparents are likely to be called upon to take care of their grandchildren (Conway et al., 2011; Kelley, Whitely, & Sipe, 2007). These reasons for grandparent caregiving often carry a stigma for the whole family (Fuller-Thomson & Minkler, 2000), increasing the challenges faced by African American grandparents.

Challenges of Grandparent Caregiving

A substantial body of research has consistently documented the challenges of grandparents raising grandchildren in the general population, clearly suggesting that grandparent caregiving is stressful and has many negative personal, interpersonal, and economic consequences (Hayslip & Kaminski, 2005). In general, grandparent caregivers are at elevated risk for financial strain, poor physical health, social isolation, role overload and role confusion, stress and related issues (Blustein, Chan, & Guanais, 2004; Fuller-Thomson & Minkler 2003;

Hayslip & Kaminski, 2005; Whitley, Kelley, & Campos, 2013). Financial difficulties, concerns over their health, and the ability to provide a good life for grandchildren are the most stressful issues reported by African American grandparent caregivers (Brown & Mars, 2000). In addition, legal problems involving custody issues are noteworthy in these families (Lipscomb, 2005).

According to the literature, caring for grandchildren is associated with negative health outcomes, particularly in African Americans (e.g., Fuller-Thomson & Minkler, 2000; Hayslip & Kaminski, 2005; Kelley, Whitley, & Campos, 2013). The incidence of depression, diabetes, hypertension, and insomnia is high among grandparent caregivers (Hayslip & Kaminski, 2005). African American caregiving grandparents are more likely than non-caregiving peers to have functional limitations and depressive symptoms (Fuller-Thomson & Minkler, 2000). The health discrepancy between caregiving and non-caregiving grandparents is largely due to the predisposition to poor health in this population, i.e., racial disparity in health (Baker & Silverstein, 2008). Compared to non-Hispanic Whites, African Americans have shorter life spans, more limitations in physical functioning, and higher rates of chronic conditions such as diabetes, hypertension, and cardiovascular diseases (Center for Disease Control and Prevention, 2009). They are likely to be in poor health status prior to taking the responsibility of caring for a grandchild. Grandparent caregiving may further increase the already-existing racial disparities. Research indicates that socioeconomic status, racial/ethnic, and other demographic characteristics are more attributive of adverse health outcomes than caregiving demands (Hughes, Waite, LaPierre, & Luo, 2007). Raising a grandchild may trigger pre-existing health problems or induce health behavior changes which exacerbate health conditions in later life (Baker & Silverstein, 2008).

Another challenging issue is economic vulnerability which contributes to caregiving stress. Assuming full-time parenting responsibility often results in increased financial strain, reduced hours of paid employment, and maybe leaving full-time employment prematurely (Kelley, Whitley, Sipe, & Yorker, 2000). Although some families receive cash benefits from the Temporary Assistance to Needy Families (TANF), these monthly payments are typically insufficient to cover the cost of raising grandchildren (Kelley et al., 2000). In particular, African American grandmother caregivers represent a highly vulnerable population, both financially and physically; they are more likely to live in poverty and have more functional limitations than either grandfather caregivers or other African American women aged 45 and over (Minkler & Fuller-Thomson, 2005). When compared with other racial/ethnic groups across all age groups, African American grandmothers are most likely to live in poverty (Prokos & Keene, 2012).

In African American grandparent-headed families, like other cultural communities of grandparent caregivers, informal kinship care is the most common care arrangement. Many care providers, including grandparents, obtain legal custody of a child through adoption or guardianship (Simpson & Lawrence-Webb, 2009). However, some grandparents may assume primary responsibility for their grandchildren without legal custodial rights, as the legal process is complicated, overwhelming, and expensive (Lipscomb, 2005). Without a legal relationship, grandparent caregivers may have difficulty accessing benefits for children. Subsequently, they face difficulties enrolling grandchildren in school or federally funded Head Start programs, and struggle to obtain educational assistance and medical coverage for their grandchildren (Lipscomb, 2005).

Compared to formal foster care providers, informal

caregivers have less access to federal assistance and social services such as food stamps (Ehrle & Geen, 2002). Lack of legal arrangements may intensify the apparent economic disadvantages in grandparent-headed families. A permanent legal arrangement may help grandparents secure certain services to address their financial strains and to overcome the risks to grandchildren's poor health status.

Benefits of Grandparent Caregiving

Despite the numerous challenges faced by caregivers, there are certain benefits associated with grandparents raising grandchildren. For some older adults, parenting grandchildren is a rewarding experience, keeping them active and bringing joy, love, a sense of pride and accomplishment into their lives (Minkler & Roe 1993; Fitzpatrick 2004; Dunne & Kettler, 2007). They feel fortunate to be parents again and believe that they would do a better job of parenting than they have done with their own children (Emick & Hayslip, 1996). They feel proud to serve as a healthy role model for their grandchildren, keeping the family intact and carrying on the family legacy (Giarrusso, Silverstein, & Feng, 2000; Hayslip, Shore, Henderson, & Lambert, 1998).

Grandchildren can benefit from living with their grandparents, too. Some literature suggests children raised by grandparents have better school performance, rely less on welfare, and have more autonomy in decision making and fewer deviant behaviors than children in single-parent families (Hayslip & Kaminiski, 2005). "Most importantly, custodial grandparents can provide love, security, encouragement, and structure for grandchildren who might otherwise be in a foster care home" (Hayslip & Kaminiski, 2005, p. 263). Further, grandparents can pass on their memories, wisdoms, stories, and family history to grandchildren, who may feel nurtured, safe, and valued in family connections with grandparents.

Strengths and Resilience in African American Grandparents

African American motherhood is rooted in the ability to endure the harshness of slavery and oppression, to perform multiple roles, and to hold love of family and strong religious beliefs (Franklin, 1997). The role of African American grandmothers is especially important as the foundation for intergenerational support in a fluid and flexible family system (Franklin, 1997). African American grandmothers are often viewed as the major strength in assuming family caregiving roles, providing the basic needs for their grandchildren and, more importantly, preparing them to avoid the pitfalls of risk behaviors and precarious environments (Gibson, 2005; Scannapieco & Jackson, 1996). The culture and tradition of grandparents raising grandchildren in African American families is viewed as a source of strength in coping with the stress and adversities in the caregiving process.

A strengths perspective that emphasizes capacities and competencies at the individual, family, and community levels (Saleebey, 1996) has been applied in understanding how African American grandparents rely on their resiliency and resourcefulness to overcome caregiving challenges (e.g., Gibson, 2005; Kelley et al., 2013). Personal attributes such as a sense of humor, loyalty, independence, insight, management skills, and other virtues can become the source of strengths; moreover, cultural and personal stories, narratives, and lore are important sources of strengths (Saleebey, 1996). According to the strengths perspective, kinship care or grandparent caregiving in African American families is viewed as both a strength and a resource; family strengths derive from the culture that values the role of grandmothers in family caregiving (Gibson, 2005). Parenting strategies of African American grandmothers

are considered as family strengths; they maintain effective communication with their grandchildren, take a strong role in the education of grandchildren, provide socio-emotional support, involve extended family and grandchildren in selective community activities, acknowledge and work with the vulnerabilities of grandchildren, and deal with the absence of the biological parents (Gibson, 2005). These traditional parenting strategies would enable grandmothers to effectively parent their grandchildren and build on grandchildren's abilities to develop into productive adults (Gibson, 2005).

In the strengths perspective, resilience and empowerment are two important concepts in evaluating grandparent caregivers (Whitley, Kelley, Yorker, & White, 1999). Family resilience is the "characteristics, dimensions, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations" (McCubbin & McCubbin, 1988, p. 247). It indicates the capacity of a family to successfully deal with challenging life demands and circumstances (Walsh, 1998). Resilience is an ordinary, but dynamic, complex family process of adjustment and adaptation to life circumstances (Masten, 2001). A well-functioning family usually can tolerate adversity and manage challenges; whereas an ill-functioning family would experience maladaptation and negative outcomes when faced with adversity and challenges (Masten, 2001). Family resilience is related to several factors, including family demands (such as financial strains, health problems, and other changes in the family structure or life cycle), existing resources (such as individual, family, and community support systems), new resources that need be developed and strengthened, and family problem-solving skills and coping behaviors (McCubbin & McCubbin, 1993). Resilient grandparents are often characterized by positive appraisal and acceptance of their family life, the

personality trait of persistence, maintenance of healthy boundaries within family, commitment to new life routines and their grandchildren, and social connectivity (Bailey, Letiecq, Erickson, & Koltz, 2013).

Resilient grandparents are capable of maintaining or regaining their psychological well-being in the face of caregiving challenges (Hayslip & Smith, 2013). Individual attributes, interpersonal relationships, and external support systems contribute to resilience (Smith & Dolbin-MacNab, 2013). Positive caregiving appraisals, adaptive coping strategies, self-help and help-seeking skills would enable grandparents to continue performing daily activities and minimize the negative effects of caregiving, thus promoting grandparent well-being and grandchild outcomes (Musil, Warner, Zauszniewski, Wykle, & Standing, 2009; Zauszniewski, Au, & Musil, 2012).

Individual strengths and attributes, however, are not sufficient for grandparents to raise grandchildren. Family and community resources are needed to sustain the stability in African American families (Simpson, 2009). Support from extended families, churches, and professional care providers can enhance personal resilience in grandparent caregivers. Family resources are instrumental resources, including income, food, shelter, and access to health care, which are essential for raising children (Kelley et al., 2000). Social support is emotional and spiritual assistance from family, friends, social groups, clergy and professionals (Kelley et al., 2000). Both family resources and social support can buffer the negative effects of caring for grandchildren on grandparents' psychological well-being (Kelley et al., 2000). Social support is viewed as a protective factor that promotes positive outcomes of grandparent caregiving, most beneficial to grandparents with higher levels of stress (Gerard et al., 2006). For those isolated from informal social networks due to the increased caregiving

responsibilities, formal social support is needed for developing grandparent resilience (Dolbin-MacNab, Roberto, & Finney, 2013).

An Empowerment Model of Working with Grandparents

Since the late 1980s, a strengths-based model of working with individuals and families has emerged and developed (Saleebey, 1996; Whitley et al., 1999). This model emphasizes building on individual and family strengths to resolve problems and issues (Whitley et al., 1999). In line with the strengths-based model, an empowerment approach has been increasingly applied in practice with grandparent caregivers, especially with women and people of minority groups (e.g., Chadiha, Adams, Biegel, Auslander, & Gutierrez, 2004; Cox, 2002; Whitley et al., 2013). The challenges facing African American grandparents have strong implications for the practice of empowerment (Cox, 2002).

The concept of empowerment has been defined differently across disciplines, and empowerment practice has been widely discussed to accommodate various populations in different social and individual contexts (Cox, 2002). Despite many definitions, there is consensus that empowerment involves gaining control over one's life and motivating for positive change (Whitley, Kelley, & Campos, 2013). Individual empowerment aims to make people acknowledge and develop personal strengths, and then utilize their strengths and attributes to bring about positive change (Solomon, 1976). Family empowerment aims to foster collaborative relationships, capacity building, and connections to extended family networks (Hodges, Burwell, & Ortega, 1998).

In this paper, the literature review yielded information on 10 education or training programs and intervention services, specifically targeting African

American grandparent caregivers. The programs listed in Table 1 demonstrate that working in groups and focusing on education are central to empowerment practice. The immediate goal of empowerment is to help individuals achieve a sense of power, become aware of the linkages between individual and community problems, and work collaboratively toward social change (Gutierrez, GlenMaye, & DeLois, 1995). The small group modality is the foundation of empowerment practice; promoting dialogue, critical thinking, and action in the small group are often used in empowerment programs (Burnette, 1998; Cox, 2002; Gutierrez, 1990; Lee, 2001). Within the group, people can share concerns, learn from each other, and practice specific problem-solving techniques (Cox, 2002). A secure, interactive environment in group settings can facilitate the development of problem-solving skills, social support networks, self-efficacy, and collaborative social actions (Cox, 2002; Lee, 2001). Three specific practice strategies were recommended when working in groups with African American grandmothers, including raising critical group consciousness through storytelling, teaching concrete problem-solving skills, and teaching advocacy skills and mobilizing resources (Chadiha et al., 2004).

In group practice settings, education is “a catalyst to the empowerment process” (Carr, 2011, p. 1). Empowerment education programs are specifically offered to African American grandmothers with the aim to enhance their perception of control, self-efficacy, advocacy, and problem-solving skills (e.g., Burnette, 1998; Carr, 2011; Cox, 2002; Chadiha et al., 2004). Cox (2002) suggests that empowerment training should build on caregivers’ innate strength and resilience. Education or training programs include topics such as concepts of empowerment and self-esteem, communicating with grandchildren, building advocacy skills, dealing with children’s behavior problems, grief and loss, and navigating the service system (Carr,

2011; Cox, 2002; Joslin, 2009). Research indicates that grandmothers became active community advocates with increased life control, self-efficacy, self-advocacy, and coping skills after participation in empowerment education programs (Cox, 2002; Joslin, 2009).

In addition, grandparent caregivers, especially custodial grandparents, are provided with an array of support services, including home-based visitation services, case management, respite care, health services, support groups, parenting classes, legal assistance, and material aid (Grant, Gordon, & Cohen, 1997; Kelley et al., 2001; Whitley et al., 2013). These services are often packed in the form of community-based interventions, which aimed to improve the health of African American grandmothers (Kelley et al., 2013). After the intervention, the grandmothers increased knowledge about health behaviors, improved access to health resources, and improved their self-care health practice (Kelley et al., 2013).

The community-based interventions tailored to African American grandparents' special needs are effective in ameliorating the stresses from parenting demands and adapting to the demands of raising grandchildren. In the community-based interventions, empowerment is viewed as a positive, collaborative process between grandparents and service providers (Whitley et al., 2013). Grandparents have influence and authority over service decision and utilization, while service providers are partners and facilitators in the empowerment process (Grant et al., 1997; Whitley et al., 2013).

The program outcomes listed in Table 1 also indicate that specialized services could enable grandparents to manage parenting responsibilities, increase problem-solving skills and self-efficacy in the caregiver role, and master advocacy skills to benefit their families and the community (Burnette, 1998; Cohon, Hines,

Cooper, Packman, & Siggins, 2003; Grant et al., 1997; Whitley et al., 1999; Whitley et al., 2013). Grandparent caregivers reported improved mental health, decreased depressive symptoms, enhanced social support, and improved access to and utilization of health care and public services (Burnette, 1998; Cohon et al, 2003; Kelley, Yorke, Whitley, & Sipe, 2001; Zauszniewski, Au, & Musil, 2012).

Figure 1 illustrates the relationships among challenges, resilience, and outcomes in grandparent caregiving. The challenges faced by grandparents (e.g., health problems, financial strains, legal programs) can be addressed through building individual capacity and family resilience, enhancing family resources and social support, and relying on the culture of grandparents raising grandchildren in African Americans. Capacity and resilience play an important role in mediating the relationships between caregiving challenges and the subsequent outcomes. Caregiving challenges may either debilitate or strengthen individual capacities, which further affect caregiving outcomes. Capacity building is embedded in the empowerment process, whereby grandparent caregivers can further develop their personal and family resilience with the appropriate and necessary facilitation from professional service providers, thus leading to the desired caregiving outcomes, including healthy children development and well-functioning grandparents.

Table 1

Interventions and Programs Targeting African American Grandparent Caregivers

Name	Purpose	Description	Outcomes	Source
School-based small group intervention	To provide information and socialization in a normative community setting	The group intervention consisted of eight weekly 90-minute sessions led by a school social worker and the author. The first half hour of each session was devoted to a brief discussion of topics and the rest of the time to supportive group.	Caregivers' depressive symptoms were reduced and their coping strategies were improved. They reported high levels of satisfaction with the group experience.	Burnette, 1998
Children and Families' Kinship Support Network (KSN) intervention	To fill gaps and reduce barriers to accessing public services for kinship caregivers, and to improve their health and satisfaction with support systems	Case management services were provided in the foster care system. A community worker was assigned to each family, conducting an assessment and case plan, providing services of monthly home visits, weekly phone calls, referring to support groups, respite care, training, mentoring, and transportation.	Caregivers showed diminished kin caregivers' resource needs (i.e., connection to available services) after participation in the program. Overall, participants reported increased social support, competence, and satisfaction in caregiving abilities.	Cohon, Hines, Cooper, Packman, & Siggins, 2003

Name	Purpose	Description	Outcomes	Source
Empowerment training practice	To strengthen parenting skills and increase advocacy effectiveness in the community as advocates for custodial grandparents	The training included 12 class themes (e.g., communicating with grandchildren, self-esteem, dealing with loss and grief, etc.). It involved a great deal of interaction among participants; role play was used in each class.	Grandparents reported positive outcomes such as increased self- efficacy and problem solving skills. They could play significant roles as peer educators.	Cox, 2002
School-based program service	To increase healthcare resources use through partnership of a hospital and a foundation	A weekly education/support group was designed within four public schools, including information, skill development, and self-advocacy training.	Most caregivers reengaged with health resources use and decreased emergency room visits.	Grant, Gordon, & Cohen, 1997

Name	Purpose	Description	Outcomes	Source
Empowering techniques for women of color	To empower social workers' practice with women of color	With the context of a collaborative helping relationship and a small group work modality, several techniques were used, including accepting the client's definition of the problem, identifying and building on existing strengths, and engaging in a power analysis of the client's situation.	Social workers could move individual women from feelings of hopeless and apathy to active change, such as involvement in problem-solving.	Gutierrez, 1990
Health intervention and promotion	To improve physical and mental health of grandmothers raising grandchildren	The program involved a 12-month home-based intervention, including monthly home-based visitation, support groups, parenting classes, referrals for legal services, and early intervention services for children with special needs.	Grandmothers showed improved self-care practice and satisfaction with life.	Kelly, Whitley, & Campos, 2013

Name	Purpose	Description	Outcomes	Source
Multimodal intervention	To reduce psychological stress, improve physical and mental health, and strengthen social support and resources	The six-month intervention included home visits by registered nurses and social workers, legal assistances of an attorney, and monthly support group meetings.	Caregivers reported improved mental health and social support scores, and decreased psychological distress scores. They received more public benefits..	Kelly, Yorker, Whitley, & Sipe, 2001
Nutrition and physical activity intervention	To improve caregivers' health and well-being	The program consisted of ten 15-minute nutrition and physical activity lessons. Each lesson included a key message, PowerPoint presentation, and activity.	Caregivers became knowledgeable about healthy diet and interested in learning about nutrition. They identified barriers to healthy eating and physical activity.	Kicklighter, Whitley, Kelly, Shipskie, Taube, & Berry, 2007

Name	Purpose	Description	Outcomes	Source
Strengths-based case management (SBCM)	To ameliorate the effect of child neglect and provide grandparents with needed resources	SBCM was an assessment of the primary family problems and strengths, a care plan and implementation, monitoring and evaluation, and termination.	The intervention fostered a sense of independence and enhanced levels of confidence to nurture and support grandchildren.	Whitley, Kelly, Yorker, & White, 1999
Resourcefulness training	To teach grandmother caregivers resourcefulness skills	This intervention was delivered in a single 40-minute session. During the following four weeks, grandmothers used a daily written journal or digital voice recorder to reinforce the resourcefulness skills learned.	Resourcefulness skill training helped reduce grandmothers' stress and depressive symptoms over time.	Zauszniewski, Au, & Musil, 2012

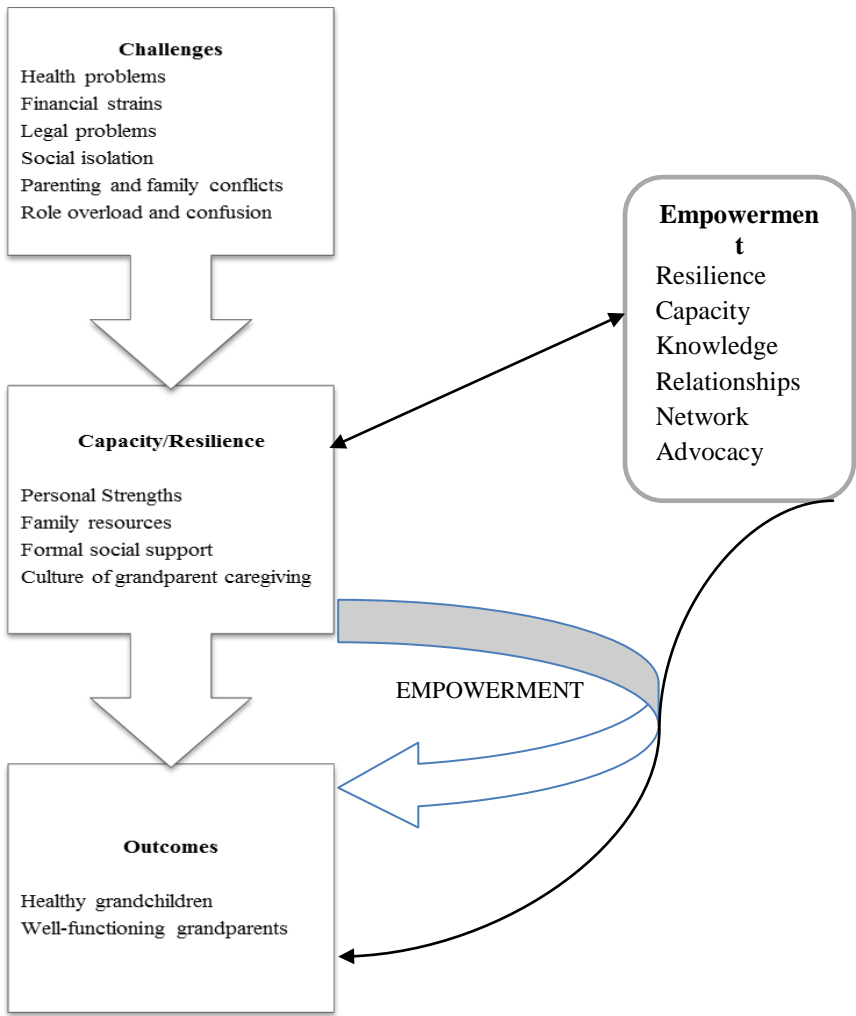


Figure 1. An Empowerment Model for African American Grandparent Caregivers

Implications for Social Work Practice

Social workers are in the position to promote empowerment in African American grandparent caregivers given their historical roles as case managers and advocates for children and families. The strengths perspective and empowerment practice model provide guidelines and expertise for social workers in practice with African American grandparent caregivers. First of all, social workers need be familiar with the culture of African American grandparents raising grandchildren and rely on the cultural dynamics as a family strength. In addition, social workers need fully understand the challenges of raising a grandchild and help grandparents assess their own strengths and weaknesses, making them aware of the potential outcomes of caring for grandchildren. More importantly, social workers should play a key role in empowering African American grandparents, building on their natural strengths, assisting them in knowledge building and skill development, and encouraging them to become advocates for themselves, their family, and the community.

Social workers also play a role in designing and implementing effective intervention programs to address the specific needs of grandparent-headed families and caregivers. Grandparents may face a myriad of challenges in raising grandchildren; a single intervention that addresses a specific problem, for example, self-care behaviors, may be effective. Moreover, the combined or comprehensive interventions targeting multiple levels of caregiving problems and multiple individuals simultaneously (i.e., grandparent, spouse/partner, adult child, and grandchild) may produce more significant improvement in caregiving outcomes (Schulz & Martire, 2004). It is also noted that empowerment efforts need be

directed to helping grandparent caregivers enhance their resiliency and simultaneously alter the environmental context (i.e., family and community) in which grandparents function (Hayslip & Smith, 2013). Levels of intervention and person-environment fit are both essential to help older adults adjust to the aging process and the new parent role (Hayslip & Smith, 2013). Interventions for grandparent caregivers include support groups, individual or family counseling, educational program, case management, parenting and coping skills training, environmental modification, advocacy management, mental health services, as well as other community programs.

Social workers need to help grandparents become more knowledgeable about available services and enhance the likelihood of service utilization (McCallion, Janicki, Grant-Griffin, & Kolomer, 2000). It is important to understand policies pertinent to this population and assist grandparents in overcoming barriers to service use, getting custody of their grandchildren when necessary, and obtaining certain monetary benefits, childcare, learning disability assessment, tutoring, and other needed services (Hayslip & Kaminski, 2005; Rubin, 2013). Supportive services such as respite care and individual counseling may be provided by a state program, a local area agency on aging, or a contract service provider under the National Family Caregiver Support Program.

Regardless of whether the grandparents have legal guardianship or custody, children are often eligible for state and federal benefits, which include financial assistance, Food Stamps, health insurance, and others. Appropriate use of these services will provide needed resources for raising grandchildren. Social workers can also educate service providers about how to productively interact with grandparents, advocate for improving access to service and making system-level change, and address the fragmentation of services and providers for children,

family, and older adults.

Conclusion

Despite the challenges and difficulties faced by grandparents, raising a grandchild may become a rewarding and joyful experience, especially when relying on individual and family strengths and social intervention programs that target empowering grandparents and developing family and community resources. Resiliency in African American grandparents derives from the unique culture of the role of grandparents and extended family structure, personal strengths and attributes, relationships with others, and available resources. Social workers are well positioned to enhance resilience in African American grandparent caregivers and to advance the empowerment process at the personal, interpersonal, and community levels.

References

- Bailey, S. J., Letiecq, B. L., Erickson, M., & Koltz, R. (2013). Resilient grandparent caregivers: Pathways to positive adaptation. In B. Hayslip, & G. C. Smith (Eds.), *Resilient Grandparent Caregivers: A Strengths-based Perspective*, (pp. 70-88). New York: Routledge.
- Baker, L. A., & Silverstein, M. (2008). Depressive symptoms among grandparents raising grandchildren: The impact of participation in multiple roles. *Journal of Intergenerational Relationships*, 6, 285-304. doi: 10.1080/15350770802157802
- Bertera, E. M., & Crewe, S. E. (2013). Parenthood in the twenty-first century: African American grandparents as surrogate parents. *Journal of Human Behavior in the Social Environment*, 23, 178-192. doi: 10.1080/10911359.2013.747348
- Blustein, J., Chan, S., & Guanais, F. C. (2004). Elevated depressive symptoms among caregiving grandparents.

- Health Services Research*, 39, 1671-1690.
doi:10.1111/j.1475-6773.2004.00312.x
- Brown, D. R., & Mars, J. (2000). Profile of contemporary grandparenting in African American families. In C.B. Cox (Eds.), *To Grandmother's House We Go and Stay: Perspectives on Custodial Grandparents* (pp.203-217). New York: Springer.
- Burnette, D. (1998). Grandparents rearing grandchildren: A school-based small group intervention. *Research on Social Work Practice*, 8, 10-27. doi:10.1177/104973159800800103
- Carr, G. F. (2011). Empowerment: A framework to develop advocacy in African American grandmothers providing care for their grandchildren. *ISRN Nursing*. Retrieved from <http://www.hindawi.com/journals/isrn.nursing/2011/531717/>
- Casper, L. M., & Bryson, K. R. (1998). *Co-resident Grandparents and Their Grandchildren: Grandparent Maintained Families*. Washington, DC: Population Division, US Bureau of the Census.
- Center for Disease Control and Prevention (2009). *The power of prevention: Chronic Disease: The public health challenge of the 21st century*. Retrieved from <http://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf>
- Chadiha, L. A., Adams, P., Biegel, D. E., Auslander, W., & Gutierrez, L. (2004).. Empowering African American women informal caregivers: A literature synthesis and practice strategies. *Social Work*, 49, 97-108. doi: 10.1093/sw/49.1.97
- Cohon, D., Hines, L., Cooper, B., Packman, W., & Siggins, E. (2003). A preliminary study of an intervention with kin caregivers. *Journal of Intergenerational Relationships*, 1, 49-72. doi: 10.1300/J194v01n03_05
- Conway, F., Jones, S., & Speakes-Lewis, A. (2011).

- Emotional strain in caregiving among African American grandmothers raising their grandchildren. *Journal of Women and Aging*, 23, 113-128. doi:10.1080/08952841.2100.561142
- Cox, C.B. (2002). Empowering African American custodial grandparents. *Social Work*, 47, 45-54.
- Crewe, S. E. (2003). Elderly African American grandparent caregivers: Eliminating double jeopardy in social policy. In T.B. Bent-Goodley (Ed.), *African American Social Workers and Social Policy* (pp.35-54). New York: The Haworth Press, Inc.
- Crewe, S. E. (2006). Different pathways to a common destiny: Grandparent caregivers in the District of Columbia. *Journal of Health & Social Policy*, 22, 199-214. doi: 10.1300/J045v22n03_13
- Dolbin-MacNab, M., Roberto, K., & Finney, J. (2013). Formal social support: Promoting resilience among grandparents raising grandchildren. In B.Hayslip., & G.C. Smith (Eds.), *Resilient Grandparent Caregivers: A Strengths-based Perspective* (pp. 134-151). New York: Routledge.
- Dunne, E. G., & Kettler, L. J. (2008). Grandparents raising grandchildren in Australia: Exploring psychological health and grandparents' experience of providing kinship care. *International Journal of Social Welfare*, 17, 333-345. doi: 10.1111/j.1468-2397.2007.00529.x
- Ehrle, J., & Geen, R. (2002). Kin and non-kin foster care—findings from a national survey. *Children and Youth Services Review*, 24, 15-35. doi: 10.1016/S0190-7409(01)00166-9
- Emick, M. A., & Hayslip, B. (1996). Custodial grandparenting: New roles for middle-aged and older adults. *The International Journal of Aging and Human Development*, 43, 135-154. doi: 10.2190/44V5-3WY2-8TCK-52NQ
- Fitzpatrick, M. (2004). *Grandparents Raising*

- Grandchildren: A report Commissioned by the Hon Larry Anthony Minister for Children & Youth Affairs (SA17)*. Melbourne: COTANational Seniors. Retrieved from <http://www.cota.org.au/StratAfiles/SA17,2004.pdf>
- Franklin, D. (1997). *Ensuring Inequality: The Structural Transformation of the African American*. New York: Oxford University Press.
- Fuller-Thomson, E., & Minkler, M. (2000). America's grandparent caregivers: Who are they? In B. Hayslip, & R. Goldberg-Glen (Eds.), *Grandparents Raising Grandchildren: Theoretical, Empirical, and Clinical Perspectives* (pp. 3-21). New York: Springer.
- Fuller-Thomson, E., & Minkler, M. (2003). Housing issues and realities facing grandparent caregivers who are renters. *The Gerontologist*, 43, 92-98. doi: 10.1093/geront/43.1.92
- Gerard, J. M., Landry-Meyer, L., & Roe, J. (2006). Grandparents raising grandchildren: The role of social support in coping with caregiving challenges. *International Journal of Aging & Human Development*, 62, 359-383. doi: 10.2190/3796-DMB2-546Q-Y4AQ
- Giarrusso, R., Silverstein, M., & Feng, D. (2000). Psychological costs and benefits of grandparents raising grandchildren: Evidence from a national survey. In C. Cox (Ed.) *To Grandmother's House We Go and Stay: Perspectives on Custodial Grandparents* (pp.71-90). New York: Springer.
- Gibson, P.A. (2005). Intergenerational parenting from the perspective of African American grandmothers. *Family Relations*, 54, 280-297. doi: 10.1111/j.0197-6664.2005.00022.x
- Grant, R., Gordon, S.G., & Cohen, S.T. (1997). An innovative school-based intergenerational model to serve grandparent caregivers. *Journal of Gerontological Social Work*, 28, 47-61. doi:

10.1300/J083v28n01_07

- Gutierrez, L. M. (1990). Working with women of color: An empowerment perspective. *Social Work, 35*, 149-153. doi: 10.1093/sw/35.2.149
- Gutierrez, L., GlenMaye, L., & DeLois, K. (1995). The organizational context of empowerment practice: Implications for social work administration. *Social Work, 40*, 249-258. doi:10.1093/sw/40.2.249
- Hayslip, B., & Kaminski, P. L. (2005). Grandparents raising their grandchildren: A review of the literature and suggestions for practice. *The Gerontologist, 45*, 262-269. doi:10.1093/geront/45.2.262
- Hayslip, B., & Smith, G.C. (2013). *Resilient Grandparent Caregivers: A Strengths-based Perspective*. New York: Routledge.
- Hayslip, B., Shore, R. J., Henderson, C. E., & Lambert, P. L. (1998). Custodial grandparenting and the impact of grandchildren with problems on role satisfaction and role meaning. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 53*, S164-S173. doi: 10.1093/geronb/53B.3.S164
- Hodges, V. G., Burwell, Y., & Ortega, D. (1998). Empowering families. In L. Gutierrez, R., Parsons, & E. Cox (Eds.), *Empowerment in Social Work Practice: A Sourcebook* (pp. 146-162). Pacific Grove, CA: Brooks/Cole.
- Hughes, M. E., Waite, L. J., LaPierre, T. A., & Luo, Y. (2007). All in the family: The impact of caring for grandchildren on grandparents' health. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 62*, S108-S119.
- Joslin, D. (2009). Custodial grandparent empowerment: models of practice. *Families in Society: The Journal of Contemporary Social Services, 90*, 196- 204. doi: 10.1606/1044- 3894.3873
- Kelley, S. J., Whitley, D. M., & Campos, P.E. (2013).

- African American caregiving grandmothers: Results of an intervention to improve health indicators and health promotion behaviors. *Journal of Family Nursing*, 19, 53-73. doi: 10.1177/1074840712462135
- Kelley, S. J., Whitley, D. M., & Sipe, T. A. (2007). Results of an interdisciplinary intervention to improve the psychosocial well-being and physical functioning of African American grandmothers raising grandchildren. *Journal of Intergenerational Relationships*, 5, 45-64. doi: 10.1300/J194v05n03_04
- Kelley, S. J., Whitley, D., Sipe, T. A., & Yorker, B. (2000). Psychological distress in grandmother kinship care providers: The role of resources, social support, and physical health. *Child Abuse & Neglect*, 24, 311-321. doi:10.1016/S0145- 2134(99)00146-5
- Kelley, S. J., Yorker, B. C., Whitley, D. M., & Sipe, T. A. (2001). A multimodal intervention for grandparents raising grandchildren: Results of an exploratory study. *Child Welfare League of America*, 80, 27-50. doi: 0009- 4021/2001/010027-24
- Kicklighter, J.R., Whitley, D.M., Kelly, S.J., Shipskie, S.M., Taube, J.L., & Berry, R.C. (2007). Grandparents raising grandchildren: A response to a nutrition and physical activity intervention. *Journal of American Dietetic Association*, 107, 1210-1213. doi: 10.1016/j.jada.2007.04.006
- Lee, J.A.B. (2001). *The Empowerment Approach to Social Work Practice* (2nd ed.). New York: Columbia University Press.
- Lipscomb, R.C. (2005). The challenges of African American grandparents raising their grandchildren. *Race, Gender & Class*, 12, 163-177.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56, 227. doi: 10.1037/0003-066X.56.3.227
- McCallion, P., Janicki, M. P., Grant-Griffin, L., &

- Kolomer, S. (2000). Grandparent carers II: Service needs and service provision issues. *Journal of Gerontological Social Work*, 33, 57-84. doi: 10.1300/J083v33n03_04
- McCubbin, H. I., & McCubbin, M. A. (1988). Typologies of resilient families: Emerging roles of social class and ethnicity. *Family Relations*, 247-254.
- McCubbin, M. A., & McCubbin, H. I. (1993). Family coping with illness: The resiliency model of family stress, adjustment and adaptation. In C. Danielson, B. Hammel-Bissel., & P. Winstead-Fry (Eds.), *Family Health and Illness*. St. Louis, MO: Mosby.
- Minkler, M., & Fuller-Thomson, E. (2005). African American grandparents raising grandchildren: A national study using the Census 2000 American Community Survey. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 60, S82-S92. doi: 10.1093/geronb/60.2.S82
- Minkler, M., & Roe, K. M. (1993). *Grandmothers as Caregivers: Raising Children of the Crack Cocaine Epidemic*. Newbury Park, CA: Sage Publications, Inc.
- Musil, C. M., Warner, C., Zauszniewski, J., Wykle, M., & Standing, T. (2009). Grandmother caregiving, family stress, and depressive symptoms. *Western Journal of Nursing Research*, 31, 389. doi:10.1177/0193945908328262
- Prokos, A. H., & Keene, J. R. (2012). The life course and cumulative disadvantage: Poverty among grandmother-headed families. *Research on Aging*, 34, 592-621. doi: 10.1177/0164027511423383
- Rubin, M. (2013). Grandparents as caregivers: Emerging issues for the profession. *Journal of Human Behavior in the Social Environment*, 23, 330-344. doi: 10.1080/10911359.2013.763711
- Saleebey, D. (1996) The strengths perspective in social work practice: extensions and cautions. *Social Work*,

- 41, 296–305. doi: 10.1093/sw/41.3.296
- Scannapieco, M., & Jackson, S. (1996). Kinship care: The African American response to family preservation. *Social Work, 41*, 190-196. doi: 10.1093/sw/41.2.190
- Schulz, R., & Martire, L. M. (2004). Family caregiving of persons with dementia: prevalence, health effects, and support strategies. *The American Journal of Geriatric Psychiatry, 12*, 240-249. doi: 10.1097/00019442-200405000-00002
- Simpson, G. M., & Lawrence-Webb, C. (2009). Responsibility without community resources informal kinship care among low-Income, African American grandmother caregivers. *Journal of Black Studies, 39*, 825-847. doi: 10.1177/0021934707303631
- Smith, G. C., & Dolbin-MacNab, M. L. (2013). The role of negative and positive caregiving appraisals in key outcomes for custodial grandmothers and grandchildren. In B. Hayslip & G.C. Smith (Eds.), *Resilient Grandparent Caregivers: A Strengths-based Perspective*, (pp.3-24). New York: Routledge.
- Solomon, B. B. (1976). *Black empowerment: Social work in oppressed communities*. New York: Columbia University Press.
- Walsh, E. (1998). *Strengthening family resilience*. New York: Guilford Press.
- Whitley, D. M., Kelley, S. J., & Campos, P. E. (2013). Promoting Family Empowerment Among African American Grandmothers Raising Grandchildren. In B.Hayslip & G.C. Smith (Eds.), *Resilient Grandparent Caregivers: A Strengths-based Perspective*, (pp. 235-250).
- Whitley, D. M., Kelly, S., Yorker, B., & White, K. R. (1999). Strengths-based case management: The application to grandparents raising grandchildren. *Families in Society: The Journal of Contemporary Social Services, 80*, 110-119. doi: 10.1606/1044-

3894.653

Wilson, B. (2013). *Grandchildren: Living in a Grandparent-Headed Household (FP-13-03)*, National Center for Family & Marriage Research. Retrieved from http://ncfmr.bgsu.edu/pdf/family_profiles/file124349.pdf

Zauszniewski, J. A., Au, T., & Musil, C. M. (2012). Resourcefulness training for grandmothers raising grandchildren: Is there a need? *Issues in Mental Health Nursing*, 33, 680-686. doi: 10.3109/01612840.2012.684424

Research Article

**Group Leaders' Perceptions of Interventions
with Grandparent Caregivers:
Content and Process**

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Abstract

Nineteen ($M_{\text{age}} = 45$, $SD = 12.8$) group leaders who received extensive leadership training were surveyed regarding their experiences in leading a 10-week program with one of three randomized clinical trial (RCT) conditions (cognitive behavior training, parenting skills training, information-only support). While a high percentage indicated that the intervention led by them was beneficial, leaders nevertheless felt that some participants benefited more so than others. Perceived program benefits were linked to regular attendance and the completion of weekly homework. The major benefits to participants were gaining personal insight, receiving and providing support to others, successfully applying learned skills and knowledge to everyday life, and feeling empowered and hopeful about the future. Peer leaders were viewed positively, as was the provision of food and childcare. Group leaders faced numerous practice challenges in conducting group interventions: ensuring regular attendance, keeping participants focused and on track, and dealing with participants who dominated discussions. These unprecedented findings not only allow us insight into the dynamics of leading group interventions with grandmother caregivers, but they may also have implications for influences on the measured efficacy of such programs.

Keywords: grandparent caregivers, intervention, group leader

Introduction

As professionals working with grandparents who raise their grandchildren, we hope we could prevent the very occurrence of those circumstances giving rise to the necessity of raising one's grandchild, e.g., the parental failure, incarceration, death, drug use, or divorce of the adult child. Because we cannot, our primary goal is likely

to design and deliver programmatic interventions designed to improve the health and well-being of both the grandparent and grandchild. Indeed, a recent emphasis on the development of late-life interventions to enhance well-being, everyday functioning, and health, as well as to reduce caregiver stress (National Institute on Aging, 2014) is consistent with this preventative and ameliorative stance regarding interventions with grandparent caregivers.

The above mentioned circumstances (e.g. parental drug use or divorce) often stigmatize and isolate grandparents from needed social and emotional support, making it difficult for them to be treated equitably by social service providers (see Generations United, 2014; Hayslip & Kaminski, 2005). In this respect, social policy often puts them at a disadvantage, in that they are not treated equally relative to foster parents. They may have difficulty enrolling their grandchildren in schools and getting both medical treatment and insurance coverage for them due to not having legal custody or not having formally adopted their grandchild.

Complementing the difficulties grandparent caregivers experience in accessing needed social and medical services (see Park & Greenberg, 2007), it is important to point out that grandparent caregivers' needs are many. These needs range from coping with health difficulties and having to live on a fixed income, to coping with isolation and experiencing difficulties in parenting a grandchild. In addition, the role confusion and role stress many experience (see Landry-Meyer & Newman, 2004) is linked to their parenting skills. For example, the impact of grandmothers' distress on grandchildren's adjustment is mediated by dysfunctional parenting (Smith, Palmieri, Hancock, & Richardson, 2008), significant in that many grandchildren raised by grandparents express numerous emotional, behavioral, and interpersonal difficulties in light of changes in the structure of their families and the

subsequent placement with a grandparent (see Hayslip & Kaminski, 2006; Hayslip, Shore, Henderson, & Lambert, 1998; Park & Greenberg, 2007).

Difficulties in child-rearing may also pose numerous challenges to grandparents whose parenting skills are less than adequate and/or who have not raised children for many years (Campbell & Miles, 2008; Kaminski & Murrell, 2008; Smith & Richardson, 2008). As Cox (2000) has noted, these challenges can easily overwhelm some grandparents who are ill-prepared to deal with them, who have few resources, and who are largely unaccustomed to acting in a proactive manner to solve problems arising from their newly acquired parental responsibilities. Indeed, the isolation that often accompanies grandparent caregiving thus can easily be accompanied by a sense of powerlessness (see Cox, 2000). Other impediments in grandparents' coping with their parental responsibilities include difficulties in accessing social or medical services for them and their grandchildren, poor health (see Roberto, Dolbin-MacNab, & Finney, 2008), or the stigma attached to others' views about them as either poor parents or as necessarily in need of professional assistance (see Hayslip & Glover, 2008; Hayslip, Glover, & Pollard, 2015).

That leaders can competently deliver interventions that are efficacious is important in determining program success. Thus, ascertaining group leaders' views about such interventions are key to understanding not only their own efficacy as group leaders but also the effectiveness of such interventions. The importance of designing and implementing successful interventions with grandparent caregivers is underscored by the many challenges grandparents caregivers face (see Generations United, 2014), wherein such interventions can help grandparents cope with the many issues confronting them in raising a grandchild.

Group Work with Grandparent Caregivers

Despite discussions about and work speaking to empirically based efforts to test a variety of interventions with grandparent caregivers (see e.g., Bratton, Ray, & Moffit, 1998; Burnette, 1998; Cohen & Pyle, 2000; Cox, 2000; Grant, Gordon, & Cohen, 1997; Hayslip, 2003; Hirshorn, Van Meter, & Brown, 2000; James & Ferrante, 2013; Kaminski & Murrell, 2008; Kelley & Whitley, 2003; Kinney, McGrew, & Nelson, 2003); Kolomer, McCallion, & Overeynder, 2003; Kolomer, McCallion, & Van Voorhis, 2008; Landry-Meyer, 1999; Maiden & Zuckerman, 2008; McCallion, Ferretti, & Kim, 2013; Newsome & Kelley, 2004; Roe, 2000; Rogers & Henkin, 2000; Smith, 2003; Smith, Dannison, & James, 2013; Thomas, Sperry, & Yarbrough, 2000; Vacha-Haase, Ness, Dannison, & Smith, 2000; Whitley, Kelley, & Campos, 2013; Whitley, White, Kelley, & Yorker, 1999; Zuckerman & Maiden, 2013), only Cohen & Pyle (2000) and Kaminski and Murrell (2008) even reference the importance of the group leader/therapist in impacting the efficacy of helping efforts when discussing the nature and rationale underlying a leader's function and training. In neither study is data pertinent to group leaders/therapists presented.

Significantly, and in the light of the purpose of the present study which is to present *descriptive* data pertaining to group leaders' perceptions of their work with grandparent caregivers, in *none* of the above work with such persons are group leader/therapist perceptions discussed. Ultimately, such perceptions may bear on the impact/efficacy of a given intervention targeting grandparents raising grandchildren, being it school-based, psychotherapeutic, support group-related, or community-based.

Theoretical Approaches to Small Group Leadership

A variety of diverse theoretical approaches exist for understanding the potential positive or negative impact of group leaders on the participants in the groups they have led (see reviews by Dihn et al., 2014; Haslam, Reicher, & Platow, 2015). Several of these theories are relevant to the questions we were interested in asking and the data we collected. One class of theories focuses upon *leader characteristics*. For example, perception of self-efficacy (see Bandura, 1977) may be critical to leaders' effectiveness (Kane et al., 2002). Alternatively, incivility spiral theory (Pearson, Andersson & Porath, 2005) suggests that a leader's incivility influences the appearance of similar behaviors among group members, undermining group cohesion and communication. Likewise, one's Leadership Style (termed authoritarian/hierarchical/instrumental versus responsible/participative) (see Storsletten & Jakobsen, 2015) reflects the nature of one's views about group participants (as either more or less powerful, in need of versus not requiring control, or in some manner inferior to the leader versus seeing such persons as equals) and has been used extensively to understand group leadership. To the extent that one style is superior to the other depends on the situation in which leadership is exercised (Vecchio, Bullis, & Brazil, 2006).

Alternatively, other theories emphasize *interactions between group leaders and group participants*, wherein leaders in varying degrees reinforce group members, use verbal and nonverbal communication techniques, or interact with group members dependent upon the latter's personal attributes (Dies, 1977). One might also utilize Functional Leadership Theory (Kane, 1996; Kane et al.,

2002) to understand group leaders' perceptions of their roles (e.g. boundaries, responsibilities) and the adequacy of their ability to meet such roles. Functional Leadership Theory might also be used to understand leaders' views regarding the roles they expect group participants to play, including their perceptions of what group participants expect of them as leaders. Group Focal Conflict Theory (see Champe & Rubel, 2012) stresses the leader's ability to reduce a variety of potential focal intragroup conflicts via the creation of an enabling group environment stressing the development of productive solutions to resolve group members' conflict.

Group Leaders' Influence and Impact on Group Members

In light of the diversity of theoretical approaches to studying group leadership, it is not surprising that they have generated a great deal of research speaking to the potential influence leaders can have on group members. In this light, it is indeed the case that leader effects have been observed in both case study and empirically-based studies to influence communication with group members and group cohesion (e.g. Bovard, 1952; Cella, Stahl, Reme, & Chalder, 2011; Peteroy, 1980; Weitz, 1985; Wright, 1980). Much support exists in the literature that the group leader/therapist per se can exert a powerful influence on group members and consequently impact group interactional processes and program outcomes.

Group leaders/therapists can wield considerable influence as a function of their ethnic similarity to participants (Holliday-Baykins, Schoenwald, & Letourneau, 2005; Meerussen, Otten, & Phalet, 2014), and as they interact with patients of varying degrees of problem severity in influencing patient retention and recovery (Ellin, Falconnier, Martinovich, & Mahoney, 2006). Group leader expectations thus can influence the outcomes of

psychotherapy or group process. They have also affected group outcomes in the areas of participant improvement (Peteroy, 1980), leader self-disclosure (Dies, 1977; Weitz, 1985), leader-defined goals and leader self-efficacy (Kane, Zaccaro, Tremble, & Masuda, 2002), perceived procedural fairness (whether group members feel they have a voice or not) (Cornelius, Van Hiel, & Cremer, 2006), leader incivility (Campana, 2010), and leader charisma (Sy, Choi, & Johnson, 2013). Thus, based on the above literature regarding group leadership and psychotherapy, group leaders/therapists clearly can exert considerable positive or negative influence on group members as a function of their expectations of the group and their goals for the group, as well as their personal characteristics, e.g. race/ethnicity, civility, self-disclosure, self-efficacy, perceived procedural fairness.

Purpose of and Rationale for the Present Study

The present study is not derived from a given theory of group leadership or a specific set of research studies regarding group leader effectiveness and influence. However, the descriptive findings presented here can be seen as lying at the intersection of the above set of theories about group leadership and the above discussed group leader/therapist literature.

Moreover, our findings are directly pertinent to interventions with grandparent caregivers to the extent that information about group leaders' perceptions of their group-based interventions may be critical to understanding the impact/efficacy of such interventions. They also speak to a number of pragmatic issues to consider in designing future interventions with grandparent caregivers.

In that no work to date has *explicitly* examined the role of the leader in understanding *interventions with grandparents raising their grandchildren*, the purpose of the present study is to break new ground in presenting

descriptive quantitative and qualitative findings regarding group leaders' perceptions of intervention content and process, based on data gathered from such leaders in the context of a Randomized Clinical Trial (RCT). In a RCT, both group leaders and grandparent participants are blind to the study hypotheses, and grandparent participants are recruited, assessed for eligibility, and initially assessed before being randomly assigned to one of several intervention groups.

In the present RCT, the efficacy of several interventions with grandparent caregivers targeting information-only support group, cognitive-behavioral, and parenting skills programs provided to grandparent caregivers was assessed using data collected both before and after group intervention participation (Smith & Hayslip, 2011). In this project, all grandparent caregivers recruited for the RCT were female, were of a skipped generation grandfamily, and cared for at least one grandchild between the ages of 4 and 12 on a full-time basis.

The interventions led by the group leaders were organized under the umbrella of *Project COPE* (Caring for Others as a Positive Experience). The interventions to which grandmothers had been randomly assigned were two evidenced-based interventions (behavioral parent training and cognitive behavioral skills training) and a theoretically inert control condition. These interventions were designed to positively impact them personally as well as to enhance the functioning of the grandchild they were raising.

Grandmothers enrolled in Project COPE were recruited from four states (California, Maryland, Ohio, and Texas) and reflected diverse methods of contact (e.g., mass media announcements; contacts through schools, social service and health agencies, courts, libraries, faith communities, and support groups; appearances at community events; brochures; and letters mailed to

randomly selected households). The RCT was described to potential participants as providing “information that can help grandmothers get through the difficult job of caring for grandchildren in changing times.”

While we did not pose specific research questions, we were primarily interested in the following:

- 1) What were group leaders’ perceptions of the benefits of the groups that each had led?
- 2) What were the perceived challenges associated with leading such groups?
- 3) What were group leaders’ perceptions of program content adequacy?
- 4) What were group leaders’ perceptions of their own ability to lead their groups in concert with a peer leader?
- 5) To what extent did leaders observe group cohesion and program involvement to exist?
- 6) To what extent did leaders feel the program was sensitive to the issues faced by grandparents raising grandchildren?

These questions *generally* reflected a number of the above discussed leader attributes and/or ways of interacting with group members derived from theoretical approaches to group leadership. For example, *Leader Self-Efficacy Theory* bears on leaders’ perceptions of their ability to implement a given intervention, their ability to overcome challenges associated with such implementation, and their ability to come up with solutions to enhance group members’ participation and session attendance. *Leader Incivility Theory* is relevant to the perceived value of working with a peer leader and having any difficulty in doing so. A *Responsible/Participative Leadership Style* and both *Functional Leadership Theory* and *Group Focal Conflict*

Theory might relate to the leader's skill in creating group cohesion, providing emotional support and facilitating communication, and resolving conflict among group members.

These questions are important as well in informing practitioners about pragmatic issues that they may confront in designing and implementing small group interventions with grandparent caregivers.

Method

Sample and Procedure

In the context of the *Project COPE* experimental design, 19 group leaders, who were trained by experts in each intervention, participated in the present study. They were recruited largely through each of the authors' university-based contacts, wherein many were pursuing graduate study in the social sciences (e.g. social work, counseling, human development, psychology). These group leaders were trained via formal instruction of one to two days duration by nationally recognized experts in either parenting skills training (i.e. Positive Parenting Program – PPP) or Cognitive Behavior Therapy (CBT), or they were trained for a full day by the present authors to lead an information-only support group.

For the PPP and CBT conditions, each group leader, who was blind to the study hypotheses, adhered to a specific training manual developed by the authors and with input from the expert consultants. Group leaders adhered to a manual developed by the authors outlining the content pertinent to the information-only social support condition, where no parenting or stress reduction skills were taught. As they were blind to the study design, information-only leaders were told they were leading an intervention analogous to others in the project.

To enhance the acceptability of each intervention, group leaders were accompanied by grandparent peer

leaders (some of whom had raised a grandchild in the past) recruited from the community. This included the information-only control group. All peer leaders were female and trained by the project directors as to their function in assisting the group leader to implement the intervention, i.e., in tracking and encouraging attendance, answering any questions from group members, ensuring that group members completed the homework assignments organized around key topics particular to the intervention, assisting in providing food and child care, and ensuring any missed sessions with the group leader were made up either in person or over the phone. Each peer leader also assisted the leader in running at least one pilot group prior to the implementation of the formal intervention.

Most (84%) leaders were female, and their mean age was 44.79 ($SD = 12.54$, $Range = 26-66$). Eleven were Caucasian, six were African American, and one was Hispanic. After each had been trained in their respective program content and skills, each led at least one four-session pilot group pertinent to their condition as part of the RCT. After the conclusion of the pilot groups, they were given feedback about their performance in leading such groups in light of the program manual for each, and any difficulties that they had experienced and questions that they had were thoroughly discussed. Each leader was then assigned to lead formally several groups particular to the intervention for which they had received training. Subsequently, six led a cognitive-behavioral intervention targeting grandmothers' thoughts and feelings about their experiences as caregivers of their grandchildren, nine led a parenting skills training group, and four led an information-only support group. The average number of groups led was 2.4 ($SD = 2.8$).

While 12 group leaders indicated having little experience with caregiving grandparents prior to their training, seven reported having at least "a fair amount of

experience.” Groups met once a week for 10 weeks; sessions were two hours in length. They were held at an accessible community location and at a time that was, if possible, consistent with the majority of participants’ schedules. Group sizes ranged from six to 10 participants.

After leaders had conducted all of their groups, they completed a survey targeting two main areas regarding the leadership of these groups: 1) *perceptions of practical issues* (challenges in conducting the groups themselves, ensuring attendance and the completion of homework, the use of peer leaders, and the provision of food and child care to participants), where the role of the group leader (with the assistance of a peer leader) was more like that of a manager/coordinator, and 2) *perceptions of intervention benefits/therapeutic content*, where the leader took on the role of expert observer. In almost all cases, questions were framed in a Likert-style format. These questions were developed specifically for the present project.

Given the following: 1) the extensiveness of the training each leader received, 2) the fact that each leader was given substantial feedback by the authors regarding leadership of their pilot groups, and 3) each leader was blind to the experimental design and hypotheses, we expected there would be no differences in the above perceptions as a function of whether the leader had led a cognitive-behavioral, parent skills training, or information-only social support group. Indeed, we found via preliminary analyses of the leader perception variables (see Table 1) a clear lack of such differences. A series of one-way ANOVAs yielded group comparisons which were not significantly different from zero. For this reason, the descriptive findings (see Table 1) reported here are summed across intervention conditions. Supplementing the above quantitative data gathered from group leaders in the form of a survey questionnaire was a series of open-ended questions pertaining to themes arising out of each group,

perceived benefits to participants, and challenges each person faced in leading the groups. These open-ended responses were content-analyzed by the authors to yield thematic findings pertinent to leaders' experiences in implementing the interventions.

It should be noted that data pertaining to leaders' perceptions of their experiences with grandmothers, having been collected after the completion of the groups, reflected the ongoing skill development and refinement over time. Findings also revealed greater and perhaps even more personal insight into and contact with grandmothers as they gained experience in leading their groups. Thus, over the course of leading several groups, leaders' perceptions of the benefits to grandmothers, themes arising during groups, and challenges in conducting group meetings emerged.

Results

Conducting the Groups Themselves

Keeping group members focused and session attendance. The principal quantitative findings regarding leader perceptions are summarized in Table 1. While six of 19 group leaders felt that it was at least "a little difficult" to keep grandmothers engaged, on track, and focused during group sessions, 14 of 19 recognized the difficulties of dealing with persons who attempted to dominate discussions/inhibit flow among group members.

Table 1
*Group Leaders' Perceptions of
 Interventions with Grandparent Caregivers*

Practical Issues in Conducting the Groups	Frequency (% of N = 19)
A bit difficult to keep grandmothers engaged/on track	6 (31%)
Acknowledgment of difficulties in promoting open discussion	14 (74%)
Participants at least "somewhat prepared" in completing homework	11 (58%)
Quite difficult to insure completion of homework	14 (74%)
Difficulty in achieving regular attendance	12 (63%)
Attendance by grandmothers at least "good"	12 (63%)
Somewhat important to make-up missed sessions	11 (58%)
Difficulty in conducting make up sessions	11 (58%)
Importance of facilitating attendance via food and childcare	17 (89%)
Childcare is very important to maintaining attendance	15 (79%)

Providing food at sessions somewhat important to attendance	14 (74%)
Program Content and Program Benefit	
Little difficulty in delivering program content	17 (89%)
Program content was at least adequate	7 (37%)
Program content was somewhat inadequate	8 (42%)
Program was at least somewhat beneficial	17 (89%)
At least 70% of grandmothers benefited	14 (74%)
Program content generally reflected grandmother caregiving issues	16 (84%)
Program did not sufficiently address specific caregiver issues	7 (37%)
Program adequately addressed specific caregiving issues	12 (63%)
There was variability across grandmothers in program benefit	16 (84%)
Group Cohesion and Program Satisfaction	
Considerable group cohesion	17 (89%)
Absence of conflict among group members	19 (100%)
Considerable degree of participation in	17 (89%)

sessions	
Grandmothers at least “somewhat satisfied” with program content	19 (100%)
Grandmothers at least “somewhat open” to program goals and content	16 (84%)
Peer Leader and Self Perceptions	
Peer leader at least “somewhat beneficial”	12 (63%)
Difficulty in working with peer leader	4 (21%)
Satisfied with own ability to lead group	18 (95%)

Importantly, 12 of 19 felt that attendance by grandmothers was at least “good,” though 12 of 19 also indicated at least “some difficulty” in getting participants to attend sessions regularly. When sessions were missed, they were reported as due to transportation difficulties (42%), other social/work/family commitments (47%), health issues (53%), or other miscellaneous reasons (21%). Eleven of 19 reported that it was at least “somewhat important” to provide make-up sessions to participants who had missed a session, and 11 of 19 noted at least “some difficulty” in conducting make-up sessions. Suggestions for increasing attendance were: increasing incentives for attending meetings ($n = 5$), holding meetings in closer proximity to participants’ homes ($n = 5$), and increasing communication about the scheduling/location of meetings ($n = 6$).

To facilitate attendance, food and childcare were made available; 17 of 19 leaders felt that providing childcare was at least “somewhat important,” and 15 of 19

noted that childcare was “very important.” Regarding providing food to participants and their grandchildren, 14 of 19 felt that this was at least “somewhat important.”

Homework Completion. Regarding the completion of homework, 11 leaders felt that participants were “somewhat prepared” in completing assigned readings and other homework. Fourteen of 19 felt that it was at least “quite a bit difficult” to get participants to complete homework.

The Role of the Peer Leader. Twelve of 19 leaders felt that it was at least “somewhat beneficial” to have peer leaders (fellow grandparents recruited from the local community, some of whom were raising a grandchild) present during the sessions. Such peers helped facilitate discussion, coordinated food and childcare, answered limited questions, and contacted participants between sessions regarding attendance and the completion of homework. Only four group leaders reported any difficulty in working with the peer leader.

Perceptions of Program Content and Program Benefit. While 17 of 19 reported little difficulty in delivering program content as per a formally prepared program manual, seven felt that the program content was at least “somewhat adequate,” while eight felt program content was “somewhat inadequate.” Yet, 17 of 19 felt the program was at least “somewhat beneficial” to participants, and 14 of 19 felt that at least 70% of participants benefited from attending the respective program meetings.

Group Cohesion and Group Members’ Views on Program Content. Seventeen of 19 group leaders felt that at least “a considerable amount” of group cohesion existed, and all 19 felt that there was either little or no conflict

among group members. Seventeen of 19 felt that at least “a considerable amount” of participation during sessions was evident among group members, and all felt that grandmothers were either “somewhat satisfied” ($n = 7$) or were “very satisfied” with program content. Complementarily, 16 of 19 felt that grandmothers were either “somewhat open” ($n = 6$) or “very open” ($n = 10$) to the goals and the content of the program.

Satisfaction with the Group Leader Role and Program Worth. Eighteen of 19 were at least “somewhat satisfied” with their ability to lead the group, and 16 of 19 felt that the issues grandmothers faced were generally reflected in the program content. Seven still felt that the program did not sufficiently address some specific caregiving issues experienced by grandmothers while 12 felt the program to be adequate in this respect. All but three leaders felt that some participants benefited more so than others.

Qualitative Findings: Benefits and Challenges

Based upon their responses to several open-ended questions regarding perceptions of benefits for grandmothers, challenges in conducting groups, and themes which emerged over the course of the meetings, a qualitative analysis of the answers to these questions that the leaders had provided was conducted. This analysis suggested that group leaders felt five issues were most pressing for grandmother participants:

- 1) *Learning to change the quality of their relationships with their grandchildren* (e.g., “learning how to use new skills in working with their grandchildren,” “understanding the need to spend positive quality time with the children,”

“specific techniques for strengthening their relationship with their grandchildren,” “specific techniques for increasing their grandchild’s positive behavior and encouraging their growth and development”),

- 2) *Renegotiating relationships with the grandchild’s parent* (e.g., “how to deal with the mother/father of the children that causes grief every day for the grandmothers and the grandchildren,” “issues with the natural parents interfering with grandparents trying to learn new skills in the home,” “resentment toward the adult child”),
- 3) *Realizing that providing support to one another was as important as receiving support from others* (e.g., “the ability to meet and share information with other caretakers, and the opportunity to learn from and support other caretakers,” “making connections, knowing they were not alone, sharing resources,” “the fact that they participated in a group of other caregivers who had similar issues was apparently helpful; being able to share their experiences was very beneficial”),
- 4) *The importance of becoming empowered and engaging in self-care* (e.g., “I can implement change I need to take care of me,” “permission to use self care and be assertive,” “the importance of

recognizing when you are stressed,” “Caregiver Bill of Rights”), and

- 5) *Frustration with and becoming aware of/being able to access community-based services, to the extent that such services existed (e.g., “working with other agencies— schools, courts,” “government lack of support and interference , both,” “need for community resources,” “no support from the community—they reported how unfair it is that foster parents are paid more money to care for children than are the relative caregivers”).*

Discussion

Group Leaders’ Perceptions of the Benefits and Challenges Conducting the Groups

Perceived Benefits of the Program. The above quantitative and qualitative data reflect the fact that leaders perceived grandmothers as benefitting from being able to consistently apply what was learned in group meetings to their everyday lives, learning that it was permissible to care for themselves, and seeing the advantages of being proactive and assertive. As the above qualitative findings suggest, for many grandmothers, feeling empowered to effect change in their lives (see Cox, 2000) and being able to express themselves freely were new experiences, as was being able to focus on the positive aspects of raising a grandchild and learning how to change both their own thinking and their grandchild’s behavior.

The Differential Benefits of the Program. Some grandmothers were seen as leaving the program with a

renewed sense of hope, while others were seen as remaining helpless in the face of the demands of caregiving; this is consistent with the finding that some grandmothers were seen as benefiting more so than others.

Challenges: Facilitating Attendance and Participation in Group Meetings.

Ensuring regular attendance, maintaining contact with grandmothers between sessions, dealing with participants whose personal difficulties transcended their ability to participate in group discussions and benefit from the program, and to an extent, keeping the group focused on program content were all seen as challenges.

The Perceived Adequacy of Program Content.

Many leaders felt that despite the 20-hour program, they needed more time to address adequately some grandparents' concerns and that out-of-session telephone conferences might be an avenue by which this result might be achieved. Contributing to these reported challenges that they faced was the fact that some leaders noted some grandmothers were not benefiting from some aspects of the program, reflected in the fact that some failed to construct behavioral charts, were not able to understand unhelpful thinking patterns, did not complete the "planning for the future/planning for pleasurable events" exercises, or did not actually write answers in the homework forms. These challenges were universal across all conditions.

Group Cohesion and Group Members' Views on Program Content. Importantly, most group leaders felt that group cohesion characterized the groups they had led, and each observed little intra-group conflict. Complementarily, almost all 19 leaders saw evidence of active participation during sessions, reflecting the group

leader's ability to draw grandmother caregivers out and such persons' interest in being actively involved in group discussion. This finding is consistent with the perception that most grandmothers were satisfied with and open to what each program had to offer. This finding also reflects the importance attached to leaders' positive attitude and empathy toward grandmother caregivers, few of whom likely had had previous opportunities to express themselves in an emotionally supportive atmosphere.

Satisfaction with the Group Leader Role and Program Worth. Almost all leaders were at least "somewhat satisfied" with their ability to lead the group, reflecting their self-efficacy in doing so, and almost all felt that the issues grandmothers faced were generally reflected in the program content. While a minority still felt that the program did not sufficiently address some specific caregiving issues experienced by grandmothers, a majority nevertheless felt the program to be adequate in this respect.

These findings highlight the importance of leaders' being committed to competently delivering program content in a manner consistent with the program manual and being sensitive to the adequacy of their skills in doing so. They also underscore the importance of group leaders being open and sensitive to issues raised by grandmothers pertinent to the grandmothers themselves, their grandchildren, and their adult children. Thus, they have clear implications for practitioners working with grandparent caregivers in a group setting.

Implications of the Present Findings: The Dualistic Nature of Group Leaders' Experiences

These data are unprecedented in that they allow us insight into the practical challenges and difficulties group leaders faced in implementing interventions designed to positively impact grandmother caregivers and their

grandchildren, e.g. ensuring regular attendance, keeping participants on track, and making sure that homework was completed before each session to allow for maximum potential benefit.

They suggest that while group leaders sensed that some grandmothers benefited from group sessions more so than others, key positive outcomes for grandmothers as seen through the eyes of group leaders included a sense of group cohesion, making connections with others, being able to apply program content to their everyday lives, and perhaps most importantly, having hope for the future and feeling less alone and less helpless. Likewise, providing food and especially childcare to grandmothers, enabling them to attend sessions and creating a personal atmosphere of sharing and mutual support were seen as key to program success.

Notably, many of the group leaders' responses to the open-ended questions mirror observations in other published work with grandparent caregivers, e.g. feelings of helplessness and loneliness, frustration with service providers, the stressfulness of caregiving, difficulties in parenting grandchildren, impaired relationships with adult children, and a lack of self care (see e.g., Baker & Silverstein, 2008; Cox, 2002; Hayslip & Kaminski, 2005, 2008; Park & Greenberg, 2007; Smith & Richardson, 2008; Wohl, Lahner, & Jooste, 2003).

Additionally, we found that the role of the group peer leader emerged as a critical one in maintaining the flow of the program. As her presence and interactions with participants often reflected the very issues faced by the caregiving grandmothers enrolled in the groups, her participation likely contributed to the perception that the program was relevant to grandmothers' personal everyday lives.

It remains to be seen what role these findings will play in contributing to *measured* program impact on

grandmother health and well-being, especially as it relates to leader sociodemographic characteristics, expectations of program benefit, ability to foster communication and group cohesion, and leader self-disclosure, as identified in the group leader/psychotherapy literature discussed above. That is, do such leader variables predict or moderate *measured* program benefit reflecting independently collected data from grandmothers both before and after each intervention, e.g., lessened depression, improved coping skills, better physical health, improved relationships with their grandchildren, enhanced service use? In addition, as the questions we explored here were only generally derived from theories of group leadership, work exploring the superiority of one theory over the other in best explaining such work with grandparent caregivers is in order. For example, what leader attributes or styles of interaction with group members best predict measured program benefit? These questions remain ones to be answered in future research.

Despite their descriptive and preliminary nature, we argue that these findings are a valuable and unique starting point in allowing us to gain insight into the workings of intervention program implementation and intra-group dynamics, viewed from the perspective of those individuals leading such groups. They are also of value to others designing interventions with grandparent caregivers in alerting group leaders to the potential challenges of implementing a given intervention, be it a theoretically grounded one or a, relatively speaking, atheoretical support group (see Smith, 2003).

These findings centralize the valuable role of group meetings in creating an environment where grandmothers could freely express their attitudes and feelings. Such meetings allowed them to both receive support from one another and provide such support to their peers, who are

not only taking on the challenges of raising a grandchild but also are experiencing the benefits of doing so.

References

- Baker, L., & Silverstein, M. (2008). Preventative health behaviors among grandmothers raising grandchildren. *Journals of Gerontology: Social Sciences*, 63B, S304-S311.
- Bandura, A. (1977). Self efficacy: Toward a unified theory of behavioral change. *Psychological Review*, 84, 191-215.
- Bovard, E. (1952). Clinical insight as a function of group process. *Journal of Abnormal and Social Psychology*, 47, 534-539.
- Bratton, S., Ray, D., & Moffit, K. (1998). Filial/family play therapy: An intervention for custodial grandparents and their grandchildren. *Educational Gerontology*, 24, 391-406.
- Burnette, D. (1998). Grandparents raising grandchildren: A school-based small group intervention. *Research on Social Work Practice*, 8, 10-27.
- Campana, K. (2010). Leader incivility and its effect on group processes and performance. *Dissertation Abstracts International: Science and Engineering*, 70 (12-B), 7888 (abstract).
- Campbell, L., & Miles, M. (2008). Implementing parenting programs for custodial grandparents. In B. Hayslip & P. Kaminski (Eds.), *Parenting the custodial grandchild: Implications for clinical practice* (pp. 115-130). New York: Springer.
- Cella, M., Stahl, D., Reme, S., & Chalder, T. (2011). Therapist effects in routine psychotherapy practice: An account from chronic fatigue syndrome. *Psychotherapy Research*, 21, 168-178.
- Champe, J., & Rubel, D.J. (2012). Application of Focal Conflict Theory to psychoeducational groups:

- Implications for process, content, and leadership. *The Journal for Specialists in Group Work*, 37, 71-90.
- Cohen, C., & Pyle, R. (2000). Support groups in the lives of grandparents raising grandchildren. In C. Cox (Ed.), *To grandmother's house we go and stay: Perspectives on custodial grandparents* (pp. 235-252.). New York: Springer.
- Cornelius, I., Van Hiel, A., & Cremer, D. (2006). Effects of procedural fairness and leader support on interpersonal relationships among group members. *Group Dynamics: Theory, Research, and Practice*, 10, 309-328.
- Cox, C. (2000). Empowering grandparents raising grandchildren. In C. Cox (Ed.), *To grandmother's house we go and stay: Perspectives on custodial grandparents* (pp. 253-267). New York: Springer.
- Cox, C. (2002). Empowering African American custodial grandparents. *Social Work*, 47, 45-54.
- Dies, F. (1977). Pragmatics of leadership in psychotherapy and encounter group research. *Small Group Behavior*, 8, 229-248.
- Dihn, J., et al. (2014). Leadership theory and research in the new millennium: Current theoretical trends and changing perspectives. *The Leadership Quarterly*, 25, 36- 62.
- Ellin, I., Falconnier, L., Martinovich, Z., & Mahoney, C. (2006). Therapist effects in the National Institute of Health Treatment of Depression Collaborative Research Program. *Psychotherapy Research*, 16, 144-160.
- Generations United. (2014). *The State of Grandfamilies in America: 2014*. Washington, DC.
- Grant, R., Gordon, S., & Cohen, S. (1997). An innovative school-based intergenerational model to serve

- grandparent caregivers. *Journal of Gerontological Social Work*, 28, 47-61.
- Haslam, A., Reicher, S., & Platow, M. (2015). Leadership: Theory and Practice. In M. Mikulincer & P. R. Shaver (Eds.), *APA Handbook of Personality and Social Psychology: Volume 2* (pp. 67-94). Washington, DC: American Psychological Association.
- Hayslip, B. (2003). The impact of a psychosocial intervention on parental efficacy, grandchild relationship quality, and well-being among grandparents raising grandchildren. In B. Hayslip & J. Hicks Patrick (Eds.), *Working with custodial grandparents* (pp. 163-178). New York: Springer.
- Hayslip, B., & Glover, R. (2008). Traditional grandparents' views of their caregiving peers' parenting skills: Complimentary or critical? In B. Hayslip & P. Kaminiski (Eds.), *Parenting the custodial grandchild: Implications for clinical practice* (pp. 149-164). New York: Springer.
- Hayslip, B., Glover, R., & Pollard, S. (2015). Traditional grandparent peers' perceptions of custodial grandparents: Extent of life disruption and needs for social support, social, and mental health services. In M.H. Meyer (Ed.), *Grandparenting in the US*. Amityville, NY: Baywood.
- Hayslip, B., & Kaminski, P. (2005). Grandparents raising their grandchildren: A review of the literature and suggestions for practice. *The Gerontologist*, 45, 262-269.
- Hayslip, B., & Kaminski, P. (2006). Custodial grandchildren. In G. Bear & K. Minke (Eds.), *Children's needs III: Understanding and addressing the needs of children* (pp. 771-782). Washington, DC: National Association of School Psychologists.

- Hayslip, B., & Kaminski, P. (2008). *Parenting the custodial grandchild: Implications for clinical practice*. New York: Springer.
- Hayslip, B., Shore, R.J., Henderson, C., & Lambert, P. (1998). Custodial grandparenting and grandchildren with problems: Their impact on role satisfaction and role meaning. *Journals of Gerontology: Social Sciences*, 53B, S164-S174.
- Hirshorn, B., Van Meter, M., & Brown, D. (2000). When grandparents raise grandchildren due to substance abuse: Responding to a uniquely destabilizing factor. In B. Hayslip & R. Goldberg-Glen (Eds.), *Grandparents raising grandchildren: Theoretical, empirical, and clinical perspectives* (pp. 269-287). New York: Springer.
- Holliday-Baykins, C., Schoenwald, S., & Letourneau, E. (2005). Caregiver-therapist ethnic similarity predicts youth outcomes from an empirically-based treatment. *Journal of Counseling and Clinical Psychology*, 73, 808-818.
- James, L., & Ferrante, C. (2013). Skip Generations: A strength-based mentoring program for resilient grandparent caregivers. In B. Hayslip & G. Smith (Eds.), *Resilient grandparent caregivers: A strengths-based approach* (pp. 167-183). New York: Routledge.
- Kaminski, P., & Murrell, A. (2008). Counseling custodial grandchildren. In B. Hayslip & P. Kaminski (Eds.), *Parenting the custodial grandchild: Implications for clinical practice* (pp. 215-236). New York: Springer.
- Kane, T. (1996). Integrating functional leadership and social cognitive theory: The leader's regulation of groups. *Dissertation Abstracts International*, 57 (3-B), 2198 (abstract).

- Kane, T., Zaccaro, S., Tremble, T., & Masuda, A. (2002). An examination of the leaders' regulation of groups. *Small Group Research*, 33, 65-120.
- Kelley, S., & Whitley, D. (2003). Psychological distress and physical health problems in grandparents raising grandchildren: Development of an empirically-based intervention model. In B. Hayslip & J. Hicks Patrick (Eds.), *Working with custodial grandparents* (pp. 111-126). New York: Springer.
- Kinney, J., McGrew, K., & Nelson, J. (2003). Grandparent caregivers to children with developmental disabilities: Added challenges. In B. Hayslip & J. Hicks Patrick (Eds.), *Working with custodial grandparents* (pp. 93-110). New York: Springer.
- Kolomer, S., McCallion, P., & Overeynder, J. (2003). Why support groups help: Successful interventions for grandparent grandcaregivers of children with developmental disabilities. In B. Hayslip & J. Hicks Patrick (Eds.), *Working with custodial grandparents* (pp. 111-126). New York: Springer.
- Kolomer, S., McCallion, P., & Van Voorhis, C. (2008). School-based support group intervention for children in the care of their grandparents. In B. Hayslip & P. Kaminski (Eds.), *Parenting the custodial grandchild: Implications for practice* (pp. 251-264). New York: Springer.
- Landry-Meyer, L. (1999). Research into action: Recommended intervention strategies for grandparent caregivers. *Family Relations*, 48, 381-399.
- Landry-Meyer, L., & Newman, B.M. (2004). An exploration of the grandparent caregiver role. *Journal of Family Issues*, 25, 1005-1025.
- Maiden, R., & Zuckerman, C. (2008). Counseling grandparents raising their children's children: Case

- studies. In B. Hayslip & P. Kaminski (Eds.), *Parenting the custodial grandchild: Implications for practice* (pp. 197-214). New York: Springer.
- McCallion, P., Ferretti, L., & Kim, J. (2013). Challenges in translating evidence-based health self-management intervention for grandparent caregivers. In B. Hayslip & G. Smith (Eds.), *Resilient grandparent caregivers: A strengths-based approach* (pp. 195-208). New York: Routledge.
- Meerussen, L., Otten, S., & Phalet, K. (2014). Managing diversity: How leaders' multiculturalism and colorblindness affect work group functioning. *Group Processes and Intergroup Relations*, 17, 629-644.
- National Institute on Aging (2014). *Aging well in the 21st Century: Strategic directions for research on aging. Draft-October, 19, 2014*. Washington: DC.
- Newsome, W., & Kelley, M. (2004). Grandparents raising grandchildren: A solution-focused brief therapy approach in school settings. *Social Work with groups: Journal of Community and Clinical Practice*, 27, 65-84.
- Park, H. H., & Greenberg, J.S. (2007). Parenting grandchildren. In J. Blackburn & C. Dulmus (Eds.), *Handbook of Gerontology: Evidence-based approaches to theory, practice, and policy* (pp. 397-425). Hoboken, NJ: John Wiley.
- Pearson, C., Andersson, L., & Porath, C. (2005). Workplace incivility. In S. Fox & P. Spector (Eds.), *Counterproductive work behavior: An investigation of factors and targets* (pp. 177-200). Washington, DC: American Psychological Association.
- Peteroy, E. (1980). Expectational composition and development of group cohesiveness over time. *Psychological Reports*, 47, 243-249.
- Roberto, K. A., Dolbin-MacNab, M. L., & Finney, J. W. (2008). Promoting health for grandmothers

- parenting young children. In B. Hayslip, Jr. & P. Kaminski (Eds.), *Parenting the custodial grandchild: Implications for clinical practice* (pp. 75-89). New York: Springer.
- Roe, K. (2000). Community interventions to support grandparent caregivers: Lessons learned from the field. In C. Cox (Ed.), *To grandmother's house we go and stay: Perspectives on custodial grandparents* (pp. 283-304). New York: Springer.
- Rogers, A., & Henkin, N. (2000). School-based interventions for children in kinship care. In B. Hayslip & R. Goldberg-Glen (Eds.), *Grandparents raising grandchildren: Theoretical, empirical, and clinical perspectives* (pp. 221-238). New York: Springer.
- Smith, G. (2003). How caregiving grandparents view support groups: An exploratory study. In B. Hayslip & J. Hicks Patrick (Eds.), *Working with custodial grandparents* (pp. 69-92). New York: Springer.
- Smith, G., & Hayslip, B. (2011). Comparing Interventions to Improve the Well-Being of Custodial Grand families. NINR grant # RNR012256A.
- Smith, G..C., Palmieri, P., Hancock, G., & Richardson, V. (2008). Custodial grandparents' psychological distress, dysfunctional parenting, and grandchildren's adjustment. *International Journal of Aging and Human Development*, 67, 327-358.
- Smith, G. C., & Richardson, R. A. (2008). Understanding the parenting practices of custodial grandmothers: Overcompensating, underserving, or overwhelmed? In B. Hayslip & P. Kaminski (Eds.), *Parenting the custodial grandchild* (pp. 131-147). New York, NY: Springer.
- Smith, A., Dannison, L., & James, M. (2013). Resiliency and custodial grandparents: Recognizing and

- supporting strengths. In B. Hayslip & G. Smith (Eds.), *Resilient grandparent caregivers: A strengths-based approach* (pp. 222-234). New York: Routledge.
- Storsletten, V., & Jakobsen, O. (2015). Development of leadership theory in the perspective of Kierkegaard's philosophy. *Journal of Business Ethics*, 128, 337-349.
- Sy, T., Choi, J., & Johnson, S. (2013). Reciprocal interactions between group perceptions of leader charisma and group mood through mood contagion. *The Leadership Quarterly*, 24, 463-476.
- Thomas, J. Sperry, L., & Yarbrough, M. (2000). Grandparents as parents: Research findings and policy recommendations. *Child Psychiatry and Human Development*, 31, 3-22.
- Vacha-Haase, T., Ness, C., Dannison, L., & Smith, A. (2000). Grandparents raising grandchildren: A psychoeducational group approach. *Journal of Specialists in Group Work*, 25, 67-78.
- Veechio, R., Bullis, R. C., & Brazil, D. (2006). The utility of situational leadership theory: A replication in a military setting. *Small Group Research*, 37, 407-424.
- Weitz, J. (1985). The effects of leader disclosure style upon group cohesion and group members' self-disclosure. *Dissertation Abstracts International*, 45 (11-B), 3637.
- Whitley, D. Kelley, S., & Campos, P. (2013). Promoting family empowerment among African American grandparents raising grandchildren. In B. Hayslip & G. Smith (Eds.), *Resilient grandparent caregivers: A strengths-based approach* (pp. 235-250). New York: Routledge.
- Whitley, D., White, K., Kelley, S., & Yorker, B. (1999). Strengths-based case management: The application

- to grandparents raising grandchildren. *Families in Society*, 80, 110-119.
- Wohl, E., Lahner, J., & Jooste, J. (2003). Group processes among grandparents raising grandchildren. In B. Hayslip & J. Patrick (Eds.), *Working with custodial grandparents* (pp. 195-212). New York: Springer.
- Wright, G. (1980). Effects of co-leader similarity-dissimilarity on group cohesion and outcome. *Dissertation Abstracts International*, 40(9-A), 4906.
- Zuckerman, C., & Maiden, R. (2013). Promoting resilience: Counseling grandparents to raise effective grandchildren. In B. Hayslip & G. Smith (Eds.), *Resilient grandparent caregivers: A strengths-based approach* (pp. 209-221). New York: Routledge.

Research Article

**Bullying and Victimization Among
Children Raised by Grandparents**

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Abstract

Increasing numbers of school-age children are being raised by their grandparents. Yet, a dearth of research investigates the children in these families. The few studies suggest the children experience higher levels of academic, behavioral, and emotional difficulties than their peers. These behaviors are often associated with involvement in bullying, but no empirical research investigates bullying among children raised by their grandparents. This current study helps to fill the noted lack of research in this area and the gap in the literature by investigating the intersection of these two important phenomena—bullying and children raised by their grandparents. This study uses a nationally representative U.S. sample of 3,347 fifth and sixth grade

participants from the large-scale 2009-2010 “Health Behavior in School-aged Children” survey. The results indicate children raised by their grandparents bully more frequently, but are not victims of bullying more frequently than children living in other head of household family care arrangements. The children and their grandparents, as well as their teachers, will likely benefit from specific prevention and intervention strategies to ameliorate risk of bullying behavior.

Keywords: bullying, bully victimization, children raised by grandparents, grandparents raising grandchildren

Over the past two decades the United States has experienced an increase in the number of children under the age of 18 who live with their grandparents (U.S. Census Bureau, 2010). Although studies are continuously accumulating regarding the grandparents in these alternate families, a paucity of empirical research exists regarding the children. The preponderance of publications indicates grandparents in these families experience heightened psychosocial strain and physiological distress (Edwards, 1998, 2003; Kelley, Whitley, & Campos, 2013; Strom & Strom, 2011). Additionally, emerging findings reveal children raised by their grandparents (CRBTG) experience higher levels of academic, behavioral, and emotional difficulties than children in general (Edwards, 2006, 2009; Smith & Palmieri, 2007). However, a thorough search of the literature using PsycInfo with the key words “children raised by grandparents” and “bullying” reveals no extant studies that investigate the involvement in bullying among CRBTG. Bullying is defined as a class of physical, verbal, cyber, and relational behaviors that are deliberate and recurring with the intent of harming or seriously disturbing the victim (Olweus, 1993). This study adds to the

knowledgebase regarding fifth and sixth grade CRBTG by examining their exposure to bullying, either as perpetrators or victims. The study is relevant and necessary because it investigates two important phenomena—bullying and CRBTG and their intersection.

Definition and Population Statistics

The phenomenon of CRBTG occurs because the children's parents are no longer able to care for them (Edwards & Taub, 2009). In some cases, one or both of the children's parents reside in the home, but the parent(s) either officially or unofficially renounce guardianship of the children to the grandparents (Kelley, Whitley, & Campos, 2010).

Population statistics indicate that in 2009 approximately 6 million children who were living with their grandparents were also living with a parent in the home (U.S. Census Bureau, 2010). Of the aforementioned households, 3.6 million of the children lived in a home in which the grandparent was the primary caregiver (U.S. Census Bureau). More than 1.8 million children live with their grandparent(s) and without either parent in the home. Children living with their grandparents comprise approximately 9% of children living in the United States. According to the U.S. Census Bureau, 31% of children living with their grandparents and without a parent in the home lived under conditions of poverty. Children and families who experience poverty are at risk for multiple adverse outcomes (Nikulina, Widom, & Czaja, 2011).

Etiology of Children Raised by Grandparents

Pejorative life events frequently precede the circumstance in which children become dependents of their grandparents (Edwards & Benson, 2010). These negative life events include eight of the nine primary reasons that

result in the phenomenon of CRBTG (Edwards & Benson, 2010). These reasons have been termed the “*nine Ds*” (Edwards & Ray, 2010) and include the following: (1) divorce (consensual child placement with grandparents), (2) desertion (voluntary child removal from the home), (3) drug abuse (leading to involuntary child removal from the home), (4) death, (5) diseases (illness preventing parents from caring for the child), (6) delivery (adolescent childbirth, not commonly considered a negative life event), (7) detention (incarceration), (8) deployment (military placement in war zones), and (9) departure (immigration). Published articles have outlined and comprehensively explicated the “*nine Ds*” phenomenon as it relates to the formation of grandparent-headed households (see Edwards & Benson, 2010; Edwards & Ray, 2010)

Despite the negative life events associated with the formation of these alternate families, CRBTG are often raised in a more supportive environment than their original parental home environment (Dolbin-MacNab, 2006). Living with their grandparents likely improves the children’s opportunities to experience positive psychosocial and psychoeducational outcomes from a loving and nurturing caregiver as opposed to living with biological parents who engage in pathogenic parenting (Strom & Strom, 2011). The former homes often offer a stabilizing, secure, and positive alternative when families are faced with difficult circumstances (Edwards, & Ray, 2008). Grandparents can also provide a more loving and nurturing environment than foster care (Dolbin-MacNab, 2006). They may be grateful for the opportunity to transmit family values and traditions to their grandchildren and help them mature successfully into adulthood (Dolbin-MacNab, 2006).

Many CRBTG experience success as they traverse the developmental trajectory from childhood to adulthood.

These CRBTG who experience favorable developmental outcomes include two United States presidents (i.e., President Barack Obama and former President Bill Clinton). Positive developmental outcomes are likely related to ecological sources (Dolbin-MacNab, 2006) including family systems (e.g., nurturing and accepting grandparents with support from other relatives), opportunities to receive mentoring, and involvement with faith-based groups (Edwards, Mumford, & Serra-Roldan, 2007). Other ecological sources that increase the probability of successful outcomes include attending effective schools that offer proactive interventions such as well-trained teachers, smaller classroom sizes, social skills and parent effectiveness training, and opportunities to engage in multiple extracurricular activities (Edwards, 2003; Edwards & Taub, 2009). Despite the success experienced by many CRBTG, the negative life events and untoward factors that precede the emergence of these alternate families may adversely impact significant numbers of grandparents and grandchildren (Kelley, Whitley, & Campos, 2010).

Empirical Research Regarding Children Raised by Grandparents

The majority of studies examining the phenomenon of CRBTG investigate the grandparents' functioning. Few studies examine the functioning of the children in these families and even fewer empirical studies investigate the children in these families. Two of the most rigorous and representative empirical studies suggest the children experience heightened psychosocial distress.

The first study (Edwards, 2006) investigated a sample of 54 African American elementary school students being raised by one or both grandparents and a comparison group of 54 elementary school students living with one or

both biological parents. Teachers were asked to complete behavior rating scales that evaluated the behavioral functioning of the children in the school setting. The findings indicated teachers perceive children raised by grandparents as manifesting a greater amount of internalizing and externalizing problems than their peers. Further, analyses of the teachers' ratings revealed significantly more CRBTG than children raised in single or dual-parent household evidence overall psychopathology.

Researchers (Smith & Palmieri, 2007) used data from 733 grandmother-headed households and 9,878 caregivers participating in a study funded by the National Institute of Mental Health that used the 2001 National Health Interview Survey. Each family completed the Strengths and Difficulties Questionnaire with regard to children in the age range of 4 through 17 who fit the target family population. The results indicate CRBTG are at greater risk for psychological problems than children in general population. CRBTG manifest more behavioral problems (Cohen's d effect size of .78), hyperactivity (Cohen's $d = .63$), peer relationship conflicts (Cohen's $d = .65$), and indicators of emotional dysfunction (Cohen's $d = .54$).

Taken together, these studies suggest CRBTG appear more susceptible to social and behavior problems than children in the general population (Edwards, 2009). Their behaviors leave them at risk for involvement in bullying because research reveals significant associations between bullying and social and conduct problems (Vaughn et al., 2010).

Research Examining Bullying Among School-Age Children

Bullying is considered a far-reaching concern that consistently impacts nearly 30% of school-age children

(Bradshaw, Sawyer, & O'Brennan, 2007; Nansel et al., 2001). Interest in bullying increased subsequent to several notorious school shootings, most prominently the shooting at Columbine High School in 1999. These school shootings were reportedly often associated with bullying victimization (Randazzo et al., 2006). At the time of the Columbine shooting, there were no state laws regarding school bullying, but a few years after Columbine there were at least 41 (Olweus & Limber, 2010). Bullying prevention remains an important activity for school staff today.

Methods of bullying entail intimidation via physical aggression including kicking, punching, or slapping as well as verbal threats, social exclusion, gossiping, and name-calling in order to exercise power over victims (Nansel et al., 2001; Vaughn et al., 2010). They generally transpire in circumstances in which there is a psychological or physical power imbalance between the perpetrator and the victim (O'Brennan, Bradshaw, & Sawyer, 2009). Victims of bullying experience numerous emotional consequences such as low self-esteem, anxiety, academic problems, and psychosocial problems (Nansel et al., 2004; Nansel et al., 2001). Perpetrators of bullying are said to demonstrate poor psychosocial and psychoeducational adjustment (Nansel et al., 2001; Vaughn et al., 2010). In light of this asymmetry of power that is part of bullying, victimization is often difficult to discontinue after beginning and may result in acute and adverse psychosocial and academic outcomes (Blake et al., 2012).

Multiple research studies have been published regarding bullying, and the majority of these studies suggest bullying has a pejorative, pervasive, and persistent impact on children's psychosocial functioning and emotional development (Gladstone, Parker, & Malhi, 2006; Pranjić, & Bajraktarević, 2010). Youth suicides are commonly associated with bullying (Olweus, 1993, 1999).

Summary findings regarding the relationship between bullying and child development indicate being bullied is associated with emotional problems such as depression, anxiety, poor self-concept, loneliness, and social withdrawal (Gladstone, Parker, & Malhi, 2006). In light of the associated psychopathology and adverse consequences of bullying, preventing bullying in schools is considered a public health priority (Spriggs et al., 2007).

Purpose of the Study

Although no data are available regarding bullying involvement among CRBTG, it seems highly likely they will experience more bullying victimization than their peers related to their alternate living arrangement. Qualitative research suggests CRBTG are teased frequently regarding the fact their parents do not live in the home (Edwards, 1998; 2001). Additionally, it is anticipated that CRBTG will bully more than their peers because research reveals they engage in significantly more oppositional, aggressive, and disruptive behaviors (Edwards, 2006; 2009).

Overall, the database of empirical research relative to CRBTG remains sparse. The knowledgebase is virtually nonexistent regarding these children's involvement in bullying. In light of research findings suggesting the negative impact of bullying relative to social-emotional functioning persists from childhood through adulthood (Gladstone, Parker, & Malhi, 2006), educators and caregivers need additional information regarding the potential for bullying among different student subgroups.

The study is designed to answer two research questions. (1) Do fifth and sixth grade CRBTG engage in significantly more bullying than children living in other head of households family care arrangements? (2) Do fifth and sixth grade CRBTG experience more bullying victimization than children living in other head of

household family care arrangements? This study was conducted using the primary hypothesis that fifth and sixth grade CRBTG bully more frequently and are bullied more frequently than children living in other head of household family care arrangements. The findings of this study may help to determine whether CRBTG require specific prevention and intervention services. The results may also help identify the need to intervene with these children to ameliorate the recurrence of serious school violence.

Method

Participants

Since 1998, the National Institute of Child Health and Human Development has participated in a nationally representative survey of youth attending schools in the United States (Nansel et al., 2001). The survey is entitled the “Health Behavior in School-aged Children” (HBSC). This international survey was initiated in 1982 in three countries and has since expanded to 42 participating countries in the 2009-2010 cycle (Iannotti, 2010).

This study has been ongoing for over three decades, and it is designed to examine children’s perceptions regarding an extensive array of health-related behaviors and lifestyle issues. Numerous scholarly research articles have been published utilizing data obtained from the surveys over past 20 years, but none has addressed the psychosocial behavior and functioning of CRBTG.

Nationally representative sampling was conducted in the United States over three phases for the 2009-2010 cycle: “districts, schools, and classes. In the first stage of sampling, Primary Sampling Units (PSUs) were stratified within each Census Division. These PSUs are comprised of one or more school districts of public schools” (Iannotti, 2010, pp. 2-3). To ensure sufficient statistical power due to an anticipated low school participation rate, 475 schools

were found eligible to participate in the study. However, 161 schools did not choose to participate, resulting in a final sample of 314 schools. Across the grade levels of 5 through 10, 14,627 students were eligible to participate. Approximately, 2% of these students did not give assent to participate. Further, 675 students were absent from school during the original administration day. Of the absent students, 301 completed the survey within a few days. The final sample size for the fifth through sixth grade sample resulted in 3,347 participants. The overall sample's response rate of greater than 90% is considered outstanding (Iannotti, 2010).

For the purposes of this study, fifth and sixth grade participants were identified based on their family composition and who in the home had responsibility for the child's care. That is, participants were grouped with regard to the following head of household criteria: (1) Both father and mother; (2) mother only; (3) father only; (4) father and stepmother; (5) mother and stepfather; (6) grandparent(s); and (7) other arrangement (e.g., foster care or other child care). Demographic characteristics of the participants of this study are described extensively in Table 1.

Procedure

The 2009-2010 HBSC survey was administered to fifth and sixth grade students in a general education classroom by a school staff member such as a teacher, nurse, or guidance counselor. The staff member was provided an explicit script that described in detail the survey procedures. Each staff member then administered the survey to the students using the script. The children actually completed each survey themselves. The children took on average 45 minutes to complete the survey.

Table 1

Participant characteristics based on responses available in each category

Adult Responsible for Participants' Care	Grade 5 & 6 Totals	Gender	Mean Age By Gender	Ethnicity by Caregiver Arrangement	Family SES = Average and Above OR Below Average	Mean # Brothers Sisters
Both Mother and Father	5 = 942 6 = 1120 Total = 2062	M = 1061 F = 998	M = 10.93 F = 10.83	AA = 226 AI = 93 Asian = 156 Caucasian = 1247 Hispanic = 471 PI = 42	\geq Average = 1660 < Average = 160	B = 1.04 S = 1.01
Mother	5 = 286 6 = 379 Total = 665	M = 322 F = 342	M = 11.05 F = 11.03	AA = 230 AI = 28 Asian = 28 Caucasian = 249 Hispanic = 193 PI = 11	\geq Average = 525 < Average = 88	B = 1.23 S = 1.24
Father	5 = 41 6 = 60 Total = 101	M = 56 F = 45	M = 11.23 F = 10.93	AA = 17 AI = 5 Asian = 6 Caucasian = 50	\geq Average = 86 < Average = 9	B = 1.60 S = 1.45

				Hispanic = 30 PI = 1		
Mother and Stepfather	5 = 115 6 = 174 Total = 289	M = 113 F = 176	M = 11.20 F = 10.89	AA = 70 AI = 21 Asian = 9 Caucasian = 174 Hispanic = 58 PI = 2	\geq Average = 240 < Average = 29	B = 1.24 S = 1.28
Father and Stepmother	5 = 25 6 = 33 Total = 58	M = 30 F = 28	M = 11.00 F = 11.00	AA = 11 AI = 8 Asian = 3 Caucasian = 44 Hispanic = 7 PI = 2	\geq Average = 50 < Average = 3	B = 1.45 S = 1.39
Grandparents(s)	5 = 19 6 = 39 Total = 58	M = 33 F = 25	M = 11.36 F = 11.08	AA = 21 AI = 2 Asian = 3 Caucasian = 22 Hispanic = 12 PI = 1	\geq Average = 47 < Average = 8	B = 1.77 S = 1.46

Other	5 = 47	M = 61	M = 11.30	AA = 32	\geq Average = 83	B = 1.59
Arrangement	6 = 67	F = 51	F = 10.94	AI = 3	< Average = 21	S = 1.70
(e.g., foster care)	Total = 114			Asian = 5		
				Caucasian = 53		
				Hispanic = 28		
				PI = 3		

* AI = American Indian; Asian; B/AA = Black/African American; C = Caucasian; PI = Pacific Islander; Multiethnic; Hispanic

A standardized research protocol was developed in order to offer a conceptual framework for research topic, data collection, and statistical analyses (Roberts et al., 2009).

“The Research Protocol includes detailed information and instructions covering the following: conceptual framework for the study; scientific rationales for each of the survey topic areas; international standard version of questionnaires and instructions for use (e.g., recommended layout, question ordering, and translation guidelines); comprehensive guidance on survey methodology, including sampling, data collection procedures, and instructions for preparing national datasets for export to the International Data Bank; and rules related to use of HBSC data and international publishing” (Roberts et al., p. 142; see Roberts et al., 2009, for a comprehensive description of the procedures).

This current study includes one independent variable comprised of seven levels. Adult head of household responsible for the fifth and sixth grade students’ care is the independent variable. The seven levels are as follows: (1) Both father and mother; (2) mother only; (3) father only; (4) father and stepmother; (5) mother and stepfather; (6) grandparent(s); and (7) other arrangement (e.g., foster care or other childcare).

For the purposes of this study, each respondent answered two sets of survey items. These questions are the dependent variables. They are as follows: (1) How often have you been bullied at school in the past couple of months? (2) How often have you taken part in bullying another student(s) at school in the past couple of months? The survey authors define bullying as follows: “We say a student is BEING BULLIED when another student, or a

group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is NOT BULLYING when two students of about the same strength or power argue or fight. It is also not bullying when a student is teased in a friendly and playful way” (Iannotti, 2010, p. 9). Each question is answered using a Likert scale: 1 = never, 2 = once or twice, 3 = two or three times a month, and 4 = about once a week, or 5 = several times a week.

Results

The non-parametric Kruskal-Wallis ordinal statistical test is applied to determine the involvement in bullying for CRBTG compared to children raised in the other head of household caregiving arrangements. Assumptions of random sampling and independent observations are met based on the procedures used to acquire this nationally representative HBSC sample.

Separate Kruskal-Wallis tests are used for each dependent variable. The results reveal a significant difference in bullying involvement as perpetrators among children raised by grandparents ($\chi^2 = 42.169$, $df = 6$, $p < .000$). Kruskal-Wallis post hoc analysis reveal CRBTG have the highest rank among the groups: (1) grandparents ($\bar{x} = 1954.35$); (2) father only ($\bar{x} = 1861.33$); (3) other arrangement ($\bar{x} = 1830.91$); (4) mother only ($\bar{x} = 1786.10$); (5) father and stepmother ($\bar{x} = 1783.32$); (6) mother and stepfather ($\bar{x} = 1685.82$); and (7) both father and mother ($\bar{x} = 1640.75$).

The results do not indicate a significant difference in bullying victimization among children raised by grandparents ($\chi^2 = 13.317$, $df = 6$, $p < .038$). Despite a significant Kruskal-Wallis test, the post hoc analysis reveal CRBTG evidence a lower rank than several of the other

caregiver groups: (1) Other arrangement ($\bar{x} = 1891.40$); (2) father and stepmother ($\bar{x} = 1884.76$); (3) father only ($\bar{x} = 1800.57$); (4) grandparents ($\bar{x} = 1791.17$); and (5) mother and stepfather ($\bar{x} = 1769.85$); (6) mother only ($\bar{x} = 1754.55$); and (7) both father and mother ($\bar{x} = 1692.96$).

Discussion

In this nationally representative sample of fifth and sixth grade children raised by different types of caregivers, CRBTG evidence significantly greater levels of bullying as perpetrators than children living in other caregiving arrangements. However, CRBTG do not evidence significantly greater levels of bullying victimization than children living in other caregiving arrangements.

Previous research findings regarding bullying and parental characteristics suggest that children bully more frequently when the parent-child dyad consists of elevated levels of reciprocal anger, when the parents believe their child is more difficult to care for than other children, when parents care for a child who manifests emotional and behavior concerns, and in cases of suboptimal maternal mental health (Shetgiri, Lin, Avila, & Flores, 2012). Previous research also suggests poor parent-child communication is correlated with increased levels of bullying behavior (Spriggs et al., 2007).

Due to parent-child disruptions that pejoratively impact continuity of care as well as the factors that predate the children entering their grandparents' care (i.e., the nine Ds), CRBTG are much more difficult to raise than their peers (Edwards, 2006, 2009; Kelley, Whitley, & Campos, 2013; Smith & Palmieri, 2007). Consequently, children living in these alternate families may be predisposed to experience risk factors associated with bullying perpetration.

Research suggests bullies are aggressive, domineering, and uncooperative toward peers (O'Brennan, Bradshaw, & Sawyer, 2009). They demonstrate difficult school adjustment with respect to academic achievement and social-emotional well-being (Nansel et al., 2004). Further, they believe they receive less social support from teachers than their peers (Demaray & Malecki, 2003). It frequently presents a challenge for teachers to manage their behaviors in the classroom. Thus, bullies may perceive they receive less help from their teacher, and this creates difficulty forming a connection or bond with their teachers (Demaray & Malecki). The children also perceive themselves as receiving less social support from their parents (Demaray & Malecki), and this perception exacerbates the challenges and risk of bullying behavior in CRBTG given the parent-child discontinuity.

Practical Implications and Recommendations

The findings of this present study suggest both CRBTG and their grandparents, as well as their teachers, may benefit from specific prevention and intervention strategies to ameliorate risk of bullying and bullying behavior. First, it is certainly important and substantiated by research that school-wide bullying prevention programs (e.g., Olweus Bullying Prevention Program; Olweus, 1993) reduce incidence of bullying and advance collaboration among school staff and students to foster a positive school climate and ameliorate social norms associated with bullying (Bradshaw, Sawyer, & O'Brennan, 2007). The aforementioned notwithstanding, it is likely CRBTG need highly targeted interventions because of their alternate caregiver arrangement.

In light of the pejorative life events that predate the formation of these alternate families, prevention and intervention are needed that take into consideration the

typical concerns associated with working with dysfunctional families (Edwards & Benson, 2010). Moreover, research demonstrates social support is related to numerous favorable outcomes among children and adolescents (Demaray & Malecki, 2003) and bullies often perceive they receive minimal support from adults in their lives (Demaray & Malecki). Thus, issues of inadequate attachment and social support are inherent and inimical in these alternative families and merit addressing (Edwards & Ray, 2008).

The Grandfamily School Support Network (GSSN; Edwards, 1998) was developed as a practical response to attenuate the school-related problems experienced by CRBTG. It is a structured social and academic support system that provides services by mental health professionals to both children and grandparents in these families. Originally, the GSSN was intended to operate as a service model that works to attenuate stress and stress symptomatology, as well as improve the students' school performance (Edwards). It needs minor modification to address issues of bullying prevention.

The children will likely benefit from a greater emphasis on social skills training that teaches them how to establish, maintain, and engage in appropriate, prosocial behaviors with their peers (Bradshaw, Sawyer, & O'Brennan, 2007). Additionally, given their often advanced age, physical challenges, off-time parenting role, and lack of experience parenting modern-day children, grandparents may benefit from psychoeducation courses and/or therapy to help address these distinct issues associated with parenting one's grandchildren (Edwards & Ray, 2010). Despite the GSSN design as a school-based intervention, it emphasizes an ecological approach that involves the grandparents and other community members extensively. Bullying prevention programs often target children and

school personnel without requiring extensive involvement from caregivers and the community. Research suggests that although parental engagement is difficult to include as part of school-based bullying prevention models, it is a critical component to advance positive outcomes (Shetgiri et al, 2012).

Teachers are also important variables in the equation regarding bullying prevention among CRBTG. Empirical studies indicate school success is related to contextual variables associated with the students themselves, their home environment, and their school connections (Edwards & Taub, 2009; Baker, Dilly, Aupperlee, & Patil, 2003). Thus, it is critical that teachers use evidence-based strategies to connect with students who are at risk for bullying by providing them substantial and substantive social support (Demaray & Malecki, 2003). Teachers can engage the students in productive activities, instruct these children regarding prosocial behaviors, ensure high standards, but reasonable expectations, and connect them with other adults in the school (Edwards & Taub, 2009). These efforts are documented to be effective prevention and intervention strategies that advance positive outcomes for children (Damon, 2004).

Limitations and Future Research

This study is limited by the cross-sectional nature of the research. It is indeterminable from the findings of this study whether parenting arrangement or factors that predate the parenting change cause increased bullying among fifth and sixth grade CRBTG when compared to their peers. The aforementioned notwithstanding, this study fills a substantive gap in the knowledgebase by revealing to educators and caregivers that young children raised by grandparents are at substantial risk to engage in bullying, but are less frequently victims of bullying when compared

to peers. Educators can use these findings to design proactive prevention programs.

An additional limitation is that these findings are based on respondents' self-reports, and their perceptions may not be fully aligned with reality. In light of the sensitive nature of bullying, respondents may actually underreport their bullying behaviors due to the social desirability effect. Nonetheless, the HBSC is a rigorous, multinational, large-scale study that has been continually conducted for more than three decades. The limitations noted herein are unlikely to significantly impact the results of this study.

In the future, longitudinal research designs should be implemented to help ascertain causal inferences regarding variables in the alternate child caregiving arrangement that result in increased bullying among CRBTG. It would be helpful to know whether factors that predate the formation of the alternate families, the grandparents' characteristics (e.g., advanced age or health problems), or the grandparents' parenting styles (more stringent parenting) are associated with increased bullying. Finally, future research studies should investigate whether the GSSN model does indeed ameliorate bullying.

References

- Achenbach, T. M. (1991). *Manual for the child behavior checklist: 4-12 and 1991 profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Anderson, M., Kaufman, J., Simon, T. R., Barrios, L., Paulozzi, L., Ryan, G., et al. (2001). School-associated violent deaths in the United States, 1994–1999. *Journal of the American Medical Association*, 286, 2695–2702.
- Baker, J. A., Dilly, L. J., Aupperlee, J. L., & Patil, S. A. (2003). The developmental context of school

- satisfaction: Schools as psychologically healthy environments. *School Psychology Quarterly*, 18(2), 206-221. doi:10.1521/scpq.18.2.206.21861
- Blake, J. J., Lund, E. M., Zhou, Q., Kwok, O., & Benz, M. R. (2012). National prevalence rates of bully victimization among students with disabilities in the United States. *School Psychology Quarterly*, 27(4), 210-222. doi:10.1037/spq0000008
- Bradshaw, C. P., Sawyer, A. L., & O'Brennan, L. M. (2007). Bullying and peer victimization at school: Perceptual differences between students and school staff. *School Psychology Review*, 36, 361 – 382.
- Damon, W. (2004). What Is Positive Youth Development? *Annals of the American Academy of Political and Social Science*, 591, 13-24. doi:10.1177/0002716203260092
- Demaray, M., & Malecki, C. (2003). Perceptions of the Frequency and Importance of Social Support by Students Classified as Victims, Bullies, and Bully/Victims in an Urban Middle School. *School Psychology Review*, 32(3), 471-489.
- Dolbin-MacNab, M. L. (2006). Just like raising your own? Grandmothers' perceptions of parenting a second time around. *Family Relations*, 55(5), 564-575. doi:10.1111/j.1741-3729.2006.00426.x
- Edwards, O. W. (1998). Helping grandkin—Granchildren raised by grandparents: Expanding psychology in the schools. *Psychology in the Schools*, 35(2), 173-181. doi:10.1002/(SICI)1520-6807(199804)35:2<173::AID-PITS9>3.0.CO;2-Q
- Edwards, O. W. (2003). Living with grandma: A grandfamily study. *School Psychology International*, 24, 204-217. doi:10.1177/0143034303024002005

- Edwards, O. W. (2006). Teachers' perceptions of the emotional and behavioral functioning of children raised by grandparents. *Psychology in the Schools*, 43, 565-572.
doi:10.1002/pits.20170
- Edwards, O. W. (2009). Empirical investigation of the psychosocial functioning of children raised by grandparents. *Journal of Applied School Psychology*, 28, 128-145.
doi:10.1080/15377900802484653
- Edwards, O. W., & Benson, N. F. (2010). A four-factor social support model to mediate stressors experienced by children raised by grandparents. *Journal of Applied School Psychology*, 26, 54-69.
doi:10.1080/15377900903368862
- Edwards, O.W., Mumford, V.E., & Serra-Roldan, R. (2007). A positive youth development model for students considered at-risk. *School Psychology International*, 28, 29-45.
doi:10.1177/0143034307075673
- Edwards, O. W., & Ray, S. (2008). An attachment and school satisfaction framework for helping children raised by grandparents. *School Psychology Quarterly*, 23, 125-138.
doi:10.1037/1045-3830.23.1.125
- Edwards, O. W., & Ray, S. L. (2010). Value of family and group counseling models where grandparents function as parents to their grandchildren. *International Journal for the Advancement of Counselling*, 32(3), 178-190. doi:10.1007/s10447-010-9098-9
- Edwards, O. W. & Taub, G. E. (2009). A conceptual pathways model to promote positive youth development in children raised by their

- grandparents. *School Psychology Quarterly*, 24, 160-172. doi:10.1037/a0016226
- Gladstone, G. L., Parker, G. B., & Malhi, G. S. (2006). Do bullied children become anxious and depressed adults?: A cross-sectional investigation of the correlates of bullying and anxious depression. *Journal of Nervous and Mental Disease*, 194(3), 201-208. doi:10.1097/01.nmd.0000202491.99719.c3
- Iannotti, R. J. (2010). *Health behavior in school-aged children (HBSC), 2009-2010 – codebook: student survey*. United States Department of Health and Human Services, National Institutes of Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development.
- Kelley, S. J., Whitley, D. M., & Campos, P. E. (2013). African American caregiving grandmothers: Results of an intervention to improve health indicators and health promotion behaviors. *Journal of Family Nursing*, 19(1), 53-73. doi:10.1177/1074840712462135
- Kelley, S. J., Whitley, D. M., & Campos, P. E. (2010). Grandmothers raising grandchildren: Results of an intervention to improve health outcomes. *Journal of Nursing Scholarship*, 42(4), 379-386. doi:10.1111/j.1547-5069.2010.01371.x
- Nansel, T. R., Craig, W., Overpeck, M. D., Saluja, G., Ruan, W. J., & the Health Behaviour in School-aged Children Bullying Analyses Working Group. (2004). Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Journal of the American Medical Association*, 291, 730-736.
- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simmons-Morton, B., & Scheidt, P. (2001).

- Bullying behaviors among US youth Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association*, 285, 2094-2100.
- Nikulina, V., Widom, C., & Czaja, S. (2011). The role of childhood neglect and childhood poverty in predicting mental health, academic achievement and crime in adulthood. *American Journal of Community Psychology*, 48(3-4), 309-321. doi:10.1007/s10464-010-9385-y
- O'Brennan, L. M., Bradshaw, C. P., & Sawyer, A. L. (2009). Examining development differences in the social-emotional problems among frequent bullies, victims, and bully/victims. *Psychology in the Schools*, 46(2), 100-115. doi:10.1002/pits.20357
- Olweus, D. 1993. *Bullying at school: what we know and what we can do*. Oxford: Blackwell Publishers.
- Olweus, D. (1999). *Blueprints for violence prevention: Bullying Prevention Program*. Boulder: Institute of Behavioral Science, University of Colorado.
- Olweus, D., & Limber, S. P. (2010). The Olweus Bullying Prevention Program: Implementation and evaluation over two decades. In S. R. Jimerson, S. M. Swearer, D. L. Espelage (Eds.), *Handbook of bullying in schools: An international perspective* (pp. 377-401). New York, NY US: Routledge/Taylor & Francis Group.
- Pranjić, N., & Bajraktarević, A. (2010). Depression and suicide ideation among secondary school adolescents involved in school bullying. *Primary Health Care Research and Development*, 11, 349-362. doi:10.1017/S1463423610000307
- Randazzo, M., Borum, R., Vossekuil, B., Fein, R., Modzeleski, W., & Pollack, W. (2006). Threat assessment in schools: Empirical support and

- comparison with other approaches. In S. R. Jimerson, M. Furlong (Eds.), *Handbook of school violence and school safety: From research to practice* (pp. 147-156). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Roberts, C., Freeman, J., Samdal, O., Schnohr, C.W., de Looze, M. E., Gabhainn, N. S., Iannotti, R., Rasmussen, M. and International HBSC Study Group. (2009). The Health Behaviour in School-aged Children (HBSC) study: methodological developments and current tensions. *International Journal of Public Health*, 54, 2, 140–50.
- Shetgiri, R., Lin, H., Avila, R. M., & Flores, G. (2012). Parental characteristics associated with bullying perpetration in us children aged 10 to 17 years. *American Journal of Public Health*, 102(12), 2280-2286. doi:10.2105/AJPH.2012.300725
- Smith, G. C., & Palmieri, P. A. (2007). Risk of psychological difficulties among children raised by custodial grandparents. *Psychiatric Services*, 58(10), 1303-1310. doi:10.1176/appi.ps.58.10.1303
- Spriggs, A. L., Iannotti, R. J., Nansel, T. R., & Haynie, D. L. (2007). Adolescent bullying involvement and perceived family, peer and school relations: Commonalities and differences across race/ethnicity. *Journal of Adolescent Health*, 41(3), 283-293. doi:10.1016/j.jadohealth.2007.04.009
- Strom, P. S., & Strom, R. D. (2011). Grandparent education: Raising grandchildren. *Educational Gerontology*, 37(10), 910-923. doi:10.1080/03601277.2011.595345
- U.S. Census Bureau. (2010). *Table C4: Children with grandparents by presence of parents, sex, race, and Hispanic origins for selected characteristics. 2010 Current Population Survey, 2010 Annual Social and*

Economic Supplement. Retrieved from
<http://www.census.gov/population/www/socdemo/hh-fam/cps2010.html>

Vaughn, M. G., Fu, Q., Bender, K., DeLisi, M., Beaver, K. M., Perron, B. E., & Howard, M. O. (2010). Psychiatric correlates of bullying in the United States: Findings from a national sample. *Psychiatric Quarterly*, 81(3), 183-195. doi:10.1007/s11126-010-9128-0

Research Article

**Experiences with Grandparents and
Attitudes toward Custodial Grandparenting**

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Abstract

The goals of the current study were to examine attitudes about custodial grandparents and to examine whether personal experiences with grandparents influenced those attitudes. Data were provided by 730 younger adults (mean age about 20 years) who completed surveys regarding their experiences with their own grandparents, attitudes toward custodial grandparenting, and openness to becoming a custodial grandparent in the future. Mean differences in attitudes as a function of experience did emerge. In addition, a mixed structural model showed that young adults who felt their grandparents helped to raise them perceived custodial grandparenting as less distressing, and it was these perceptions of distress that related to being more open to accepting the role of custodial grandparent themselves. Results are discussed in terms of changing norms and their relevance to policies affecting families.

Keywords: grandparenting, attitudes, coresidence, behavioral intentions

Worldwide, more children know their grandparents and great-grandparents than at any other time in history (Dunifron, 2012; WHO, 2012). This contact extends beyond frequent visits, with about 60% of American grandparents being actively involved in childcare (Luo, LaPierre, Hughes, & Waite, 2012). Moreover, of the 7.0 million American grandparents who are co-resident with a grandchild, 2.7 million have responsibility for the child's basic needs (U.S. Bureau of the Census, 2012). These "grandfamilies," those families in which a grandparent has primary responsibility for a child's needs, face a variety of challenges, including the negative attitudes of others (Hayslip, Glover, Harris,

Miltenberger, Baird, & Kaminski, 2009; Strough, Patrick, & Swenson, 2003).

In this light, attitudes about custodial grandparenting have implications for public policies and programs (Fruhauf, Pevney, & Bundy-Fazioli, 2015; Minkler, 1999), wherein the link between attitudes and policy is important because we can expect an increase in the number of caregiving and custodial grandparents in the future. In fact, many among the current cohort of younger adults will find themselves needing childcare assistance from their own parents, many may become custodial grandparents themselves, and all will be affected by social policies that support or hinder these family-care situations (Parke, 2013). Whereas significant work has examined negative attitudes toward aging, in general, fewer studies have examined attitudes about custodial grandparenting. Even fewer have examined attitudes toward custodial grandparenting held by younger adults (Miltenberger, Hayslip, Harris, & Kaminski, 2003-2004; Hayslip et al., 2009). Thus, the goals of the current study were to examine the associations among experiences with grandparents and attitudes toward custodial grandparenting, utilizing analyses examining comparisons across different levels of experience. In addition, we sought to explain relations between experiences with grandparents and attitudes toward grandparent caregivers.

Influences on Attitudes toward Grandparents

In general, attitudes include an affective component, stereotypes and beliefs, and behavior (Hess, Birren, & Schaie, 2006). Although one's personal experiences with grandparents may influence attitudes about aging, the effect is not always consistent or clear. For example, some studies of younger adults' attitudes suggest that one's own grandparent may be viewed more

positively than others and as different from typical “old people” (Brussoni & Boon, 1998; Soliz & Harwood, 2006). Other studies show that younger adults may be more critical of their own grandparents than they are of older strangers (Anderson, Harwood, & Hummert, 2005). Meta-analytic work (Kite, Stockdale, Whitley, & Johnson, 2005) suggests that although younger adults may hold negative views about older adults in general, these attitudes are mitigated by a close relationship with at least one grandparent. Thus, it is the quality of one’s interactions with grandparents, and not merely contact with older adults, that seems to influence attitudes.

More recent work supports the conclusions of Kite and colleagues (Kite et al., 2005). For example, among college students, nearly half of whom had lived with an older adult, those who had more frequent communication with older adults tended to have more positive and fewer negative attitudes about older adults (Lee, 2009). No differences in attitudes were observed based on coresidence, however. In contrast, Allan and Johnson (2009) found that college students who had ever lived with an older adult experienced more anxiety about aging, particularly in comparison to those who merely worked alongside older adults. Bousfield and Hutchison (2010) extended this work and found that the effects of the quality of contact on intention to interact with older adults in the future were mediated by aging anxiety. Similarly, Celdrán, Triadó, and Villar (2011) highlight the potentially negative effects accruing to grandchildren when a grandparent has extensive caregiving needs, as in the case of dementia.

Thus, direct experiences with grandparents, including coresidence and positive communication, seem to influence attitudes. These attitudes, in turn, influence one’s behavioral intentions. To date, however, no study has directly examined the contributions of

different kinds of experiences with grandparents to understanding attitudes about custodial grandparenting. This issue is important, as social and economic trends coalesce in such a way as to increase the number of families in which grandparents are a major child-rearing influence, co-resident with a grandchild, or both (Luo et al., 2012). Thus, in the framework presented in Figure 1, we examined the associations among personal experiences with grandparents, attitudes toward custodial grandparents in general, and one’s behavioral intentions regarding taking on a custodial grandparenting role in the future.

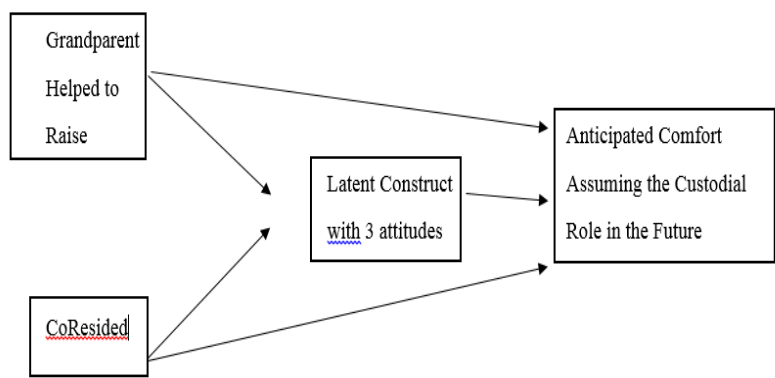


Figure 1: Conceptual Model

Method

Participants (N = 730) enrolled in an introductory human development course at a large mid-Atlantic university completed online surveys as part of their course requirements. Other activities were available to fulfill course requirements. The Institutional Review Board approved the use of such activities in the course and permitted statistical analyses with de-identified data. The majority of the participants were female (68.7%, n = 497); the mean age was 19.98 years (SD = 1.97).

Regarding coresidence, participants indicated whether they had ever lived at their grandparent's house, whether a grandparent had ever lived in the student's parental home, and whether they felt that their grandparent had helped to raise them. As shown in Table 1, half of the participants reported having never been coresident with a grandparent and that the grandparent was not a significant child-rearing influence. Among the other half, however, 29.5% reported having lived with a grandparent at some point, and an additional 20.5% reported that although not coresident, their grandparent had helped to raise them.

Table 1
Percent Reporting Coresidence and Child-Rearing Involvement (N=730)

	Perceptions of Grandparent Involvement	
	Grandparent helped to raise GC N = 282	Grandparent did not help to raise GC N = 448
Never Coresident (n = 515)	20.5	50.0
Coresident (n = 215)	18.1	11.4
GP- HH (n = 88)	6.3	5.8
Parent HH (n = 66)	4.7	4.4
GP and P (n = 61)	7.1	1.2

Scenario and Attitudes

Participants read a single scenario that represented a typical custodial grandmother's experiences (Hayslip et al., 2009). Participants then completed a 90-item battery of questions concerning

their attitudes toward the grandmother, the child, and the parents (Hayslip et al.). Only those items related to the present analyses were discussed.

Scenario: *Mrs. Smith is a married grandparent and has several adult children. She has recently become a full-time caregiver to one of her grandchildren. Mrs. Smith has been caring for her elementary-school-aged granddaughter for one year and her good health has allowed her to provide for her grandchild. Her granddaughter has exhibited some behavior and learning problems in school and has been involved in fights with friends. Also, her grandchild has begun to experience some symptoms of depression such as not eating and trouble sleeping at night. Mrs. Smith became the primary caregiver of her granddaughter when the child's parents became unemployed. Due to these circumstances, Mrs. Smith will remain the primary caregiver of her grandchild for an indefinite period of time.*

Behavioral Intentions regarding Custodial Grandparenting were assessed using a two-item, five-point Likert-type response scale. Participants indicated how strongly they agreed with the following statements: "If you were this grandparent, you would feel comfortable with this arrangement" and "If you were this grandparents, you would refuse to raise this grandchild", (reversed scored). The scale had a mean of 7.68 (sd = 1.64; $\alpha = .66$).

Distressed Caregiver attitudes were assessed with a five-item scale, with items such as "This grandparent

is likely to become depressed” (Hayslip et al., 2009). The scale had a mean of 14.19 ($sd = 3.92$; $\alpha = .81$). Higher scores indicated perceptions of more distress or burden.

Heroic Grandmother attitudes were assessed using five items, including “This grandparent is a good family symbol for the grandchild” (Hayslip et al., 2009). The scale could range from 1 to 25, with higher scores reflecting more heroic attitudes. The sample mean was 20.94 ($sd = 3.04$; $\alpha = .82$).

Attitudes regarding whether the grandmother was viewed as a Flawed Parent were assessed with three items, including “This grandparent should feel guilty over her earlier failures as a parent” (Hayslip et al., 2009). The sample mean was 6.76 ($sd = 2.24$, $\alpha = .60$).

Results

Preliminary analyses indicated no problems with missing data; scales were normally distributed and free of outliers. Regarding general views about custodial grandparenting, the sample means suggest that the participants viewed the grandmother in the vignette as moderately distressed, somewhat heroic, and little-to-blame for the custodial arrangement. The average for behavioral intention regarding custodial grandparenting was in the moderate range.

We conducted exploratory analyses to determine whether we could combine the different types of coresidence, or whether we needed to analyze each group separately. Results of these one-way analysis of variance tests, available from the first author, revealed few differences among those who had ever lived in a grandparent's home, had ever co-resided with a grandparent in the parental home, or had experienced both forms of coresidence with a grandparent. Thus, we combined the three subgroups to form a single group of

grandchildren who had coresidence history with a grandparent.

Differences in Attitudes toward Grandparents

We examined whether attitudes were associated with prior experiences with a grandparent using a series of 2 (Perceptions of Child-Rearing Involvement; grandparent helped to raise versus did not help to raise) by 2 coresidence; participant ever lived with grandparent versus did not ever live with grandparent) analysis of variance tests. Significant effects were observed for perceptions of *Mrs. Smith* as burdened or distressed ($F(3, 726) = 6.72, p = .001; R^2 = .03$), with participants who felt that their grandparent had helped to raise them viewing *Mrs. Smith* as less distressed than those who did not report that their grandparent had helped to raise them ($F(1, 726) = 10.43, p = .001$). Neither a main effect for coresidence, nor the interaction emerged as significant.

Contrary to our hypotheses, no significant differences were evident in terms of perceptions that *Mrs. Smith* was especially virtuous or heroic ($F(3, 726) = 1.77, p = .15$). However, differences emerged for perceptions that the grandmother was a Flawed Parent ($F(3, 726) = 3.09, p < .05; R^2 = .01$). Participants who reported that their own grandparent had helped to raise them viewed the grandmother in the vignette as less responsible for her current situation than did those who did not feel their grandparent had helped to raise them, $F(1, 726) = 5.37, p = .02$.

Regarding one's behavioral intentions related to custodial grandparenting, a significant group difference was observed $F(3, 726) = 5.02, p < .01; R^2 = .02$. Those who felt their grandparent had helped to raise them were more positive toward assuming such a role in the future.

Neither the main effect for coresidence nor the interaction emerged as significant.

Linking Experiences and Attitudes to Behavioral Intentions

To more fully understand the associations among personal experiences, attitudes, and behavioral intentions, we conducted a mixed model structural equation analysis, implemented in AMOS (V. 21; Arbuckle, 2012). Supported by the bivariate correlations shown in Table 2, the model depicted in Figure 1 was tested. Fit of the model to the data was assessed using a chi square. Because chi-square is sensitive to large samples, indicating small deviations as statistically significant, we also included the Goodness-of-Fit Index (GFI), the Comparative Fit Index (CFI), and the Root Mean Square Error of Approximation (RMSEA). GFI and CFI values greater than .95 and RMSEA < .05 indicate good fit of the model to the data (Byrne, 2001).

Table 2
Correlations among Study Variables (N = 730)

	1	2	3	4	5
1 Behavioral Intention: Custodial Grandparenting	1.0				
2 Child-Rearing Influence	.123**	1.0			
3 Co-Resident	.104**	.302**	1.0		
4 Distressed Grandparent	-.445**	-.153**	-.103**	1.0	
5 Heroic Grandparent	.341**	.078*	.050	-.265**	1.0
6 Flawed Parent	-.473**	-.103**	-.071	.512**	-.418**

Notes: * p < .05; ** p < .01; *** p < .001

Table 3 presents the maximum likelihood estimates (MLE) for each path tested. The top portion shows the measurement model, where the three attitude scales load onto a single latent Attitude construct. The bottom portion of the table shows the structural model. The initial fit of the overall model was adequate as per the GFI, but equivocal via the CFI and RMSEA (χ^2 (DF = 7, N = 730) = 87.24, $p < .001$, $R^2 = .409$; GFI = .963; CFI = .886; RMSEA = .125). The model accounted for more than 40% of the variance in Behavioral Intention: Custodial Grandparenting. As hypothesized, Attitudes were significantly associated with Behavioral Intention: Custodial Grandparenting ($\beta = -.636$), with those expressing less negative attitudes being more comfortable becoming custodial grandparents themselves. As expected, those who perceived that their grandparents helped to raise them reported less negative attitudes ($\beta = -.145$), but those perceptions did not exert a direct effect on Behavioral Intention: Custodial Grandparenting ($\beta = 0.009$). Coresidence with a grandparent exerted neither direct effects on Behavioral Intention: Custodial Grandparenting ($\beta = .030$) nor indirect effects via Attitudes ($\beta = -0.069$).

Exploratory post hoc analyses were conducted in order to identify a more parsimonious and better-fitting model. Thus, non-significant paths were dropped one at a time, and the model was re-analyzed for fit. Because the path from Coresidence to Attitudes is potentially meaningful theoretically, we chose to retain that nonsignificant path for further investigation.

Table 3

Standardized and unstandardized estimates for tested model

Measurement Model			β	b	SE(b)	CR
Distressed Grandmother	←	Attitudes	.656	1.0		
Heroic Grandmother	←	Attitudes	-.502	-.595	.055	-10.85***
Flawed Parent	←	Attitudes	.769	.950	.069	13.70***
Structural Model						
Attitudes	←	CoResidence	-.069	-.387	.244	-1.585
Attitudes	←	Child Rearing Influence	-.145	-.766	.231	-3.316***
Behavioral Intention: Custodial Grandparenting	←	CoResidence	.030	.107	.115	.931
Behavioral Intention: Custodial Grandparenting	←	Child-Rearing Influence	.009	.030	.110	.275
Behavioral Intention: Custodial Grandparenting	←	Attitudes	-.636	-.405	.032	12.815***

Note: *** $p < .001$

As shown in Table 4, neither dropping the path from Coresidence to Behavioral Intention: Custodial Grandparenting nor dropping the path from Perceptions of Child-rearing to Behavioral Intention: Custodial Grandparenting resulted in incremental improvement in

the fit indices.

Table 4
Post hoc Model Modifications

	X ²	GFI	CFI	RMSEA	X ² Change
Initial Model: All Paths	87.237	.963	.886	.125	---
Deleted Path CoreCoresidence to Behavioral Intention: Custodial Grandparenting	88.022	.962	.886	.117	0.785
Child-rearing Influence to Behavioral Intention: Custodial Grandparenting	88.293	.962	.887	.110	0.271

Discussion

Attitudes and stereotypes influence our behavior in a variety of ways (Hess et al., 2006). It is thought that personal experiences directly shape attitudes (Kite et al., 2005), but the empirical base linking personal experiences with grandparents to attitudes is equivocal. One reason for the mixed findings might relate to the use of imprecisely measured proxy variables. That is, many studies use coresidence as a proxy for frequency of contact, relationship quality, or both. We sought to disentangle the influences of coresidence and relationship by examining these as separate influences.

Similar to Lee (2009), a large percentage of our sample had been coresident with a grandparent, either in the grandparent’s home, their parental home, or both. Based on exploratory analyses that showed no differences among these various constellations, we collapsed across these different living arrangements for

the present analyses. However, we remain intrigued at the potential for different patterns of coresidence to exert different influences on attitudes and behaviors, as suggested by work with grandchildren of persons with dementia (Celdrán et al., 2011). In the current study, coresidence with a grandparent was not significantly associated with attitudes nor with behavioral intentions related to custodial grandparenting. However, we encourage future research to investigate the potential link between coresidence and attitudes and behaviors in more detail, including the length and timing of the coresidence. Further, research examining whether prior coresidence with their own grandparent predicts better outcomes among custodial grandparents would be especially interesting and has important policy and service implications (Fruhauf et al., 2012). Researchers interested in this area are well-advised to include more in-depth questions about prior living arrangements and to plan for qualitative analyses that reflect the complexity of multigenerational households (Strom & Strom, 2011). As a way to disentangle living arrangements from relationship quality, we asked people to indicate whether they felt a grandparent had helped to raise them. To our knowledge, this is a unique way to pose the question of relationship quality within the context of family roles. Asked in this manner, a large percentage of our sample reported that their grandparent helped to raise them. Less negative attitudes were associated with increased comfort in taking on the role of custodial grandparent in the future. Although we detected mean differences in attitudes as a function of perceptions of grandparent influence in childrearing, these perceptions were not directly related to behavioral intentions regarding the role of custodial grandparent.

Aspects of our research design limit the conclusions we can draw. Because of the extensive

battery of follow-up items about the Mrs. Smith vignette, we examined only a single custodial grandparent scenario. Including additional vignettes would have added a significant burden to our participants. Additionally, Hayslip et al. (2009) provide compelling evidence that younger adults appreciate differences across custodial grandparenting contexts, such as divorce, parental failure, and abuse. Thus, researchers need to conduct in-depth examinations of a variety of contexts. As an initial study, then, we chose to focus on a high-prevalence context: custodial grandparenting due to economic sufficiency.

We also focused on three attitudes, but there are likely many different attitudes that people hold toward custodial grandparenting, and these attitudes may interact. As social psychologists continue to explore the linkages among experiences, attitudes, and behavioral intentions, additional work may be necessary in studies about attitudes toward custodial grandparents.

Finally, although our results contribute to the knowledge regarding stereotypes and attitudes toward custodial grandparents, the regional nature of our sample also may limit generalizability. Specifically, our sample is drawn from a region in which family ties are strong and household delineations are fluid. However, in this region, it is still considered to be non-normative to coreside with one's grandparents. Other regions in the United States or other nations might hold different attitudes about custodial grandparents that influence one's comfort in becoming a custodial grandparent. Despite the potential limited generalizability of these findings, they clearly indicate that one's attitudes toward grandparents are influenced by perceptions of having been raised by them, and that such attitudes predict comfort in taking on a child-rearing role as a grandparent. This might suggest an avenue to modify the

acceptability of the grandparent caregiver role in educating younger and middle-aged persons about the nature of custodial grandparenting, and in doing so, emphasize the strengths such persons possess as well and the many satisfactions derived from raising a grandchild. Thus, by addressing attitudes held by younger adults, we might be able to alleviate some of the negative stereotypes held about custodial grandfamilies.

References

- Allan, L. J., & Johnson, J. A. (2009). Undergraduate attitudes toward the elderly: The role of knowledge, contact and aging anxiety. *Educational Gerontology*, 35(1), 1–14.
- Anderson, K., Harwood, J., & Hummert, M. (2005). The grandparent–grandchild relationship. *Human Communication Research*, 31(2), 268-294.
- Arbuckle, J. L. (2012). *IBM SPSS Amos 21 User's Guide*. Chicago, IL: Smallwaters.
- Bousfield, C., & Hutchison, P. (2010). Contact, anxiety, and young people's attitudes and behavioral intentions towards the elderly. *Educational Gerontology*, 36(6), 451-466.
- Brussoni, M. J., & Boon, S. D. (1998). Grandparental impact in young adults' relationships with their closest grandparents: The role of relationship strength and emotional closeness. *International Journal of Aging and Human Development*, 46(4), 267-286.
- Byrne, B. M. (2001). *Structural Equation Modeling with AMOS: Basic Concepts, Applications, and Programming*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Celdrán, M., Triadó, C., & Villar, F. (2011). “My Grandparent Has Dementia”: How Adolescents Perceive Their Relationship With Grandparents

- With a Cognitive Impairment. *Journal of Applied Gerontology*, 30(3), 332-352.
- Dunifron, R. (2012). The influence of grandparents on the lives of children and adolescents. *Child Development Perspectives*, 7, 55-60.
- Fruhauf, C. A., Pevney, B., & Bundy-Fazioli, K. (2015). The needs and use of programs by service providers working with grandparents raising grandchildren. *Journal of Applied Gerontology*, 34(2), 138-157.
- Hayslip, B., Glover, R. J., Harris, B. E., Miltenberger, P. B., Baird, A., & Kaminski, P. L. (2009). Perceptions of custodial grandparents among young adults. *Journal of Intergenerational Relationships*, 7(2-3), 209-224.
- Hess, T. M., Birren, J. E., & Schaie, K. W. (2006). Attitudes toward aging and their effects on behavior. *Handbook of the Psychology of Aging*, 6, 379-406.
- Kite, M. E., Stockdale, G. D., Whitley, B. E., & Johnson, B. T. (2005). Attitudes toward younger and older adults: An updated meta analytic review. *Journal of Social Issues*, 61, 241-266.
- Lee, Y. S. (2009). Measures of student attitudes on aging. *Educational Gerontology*, 35, 121-134.
- Luo, Y., LaPierre, T. A., Hughes, M. E., & Waite, L. J. (2012). Grandparents providing care to grandchildren: A population-based study of continuity and change. *Journal of Family Issues*, 33, 1143-1167.
- Miltenberger, P., Hayslip, B., Harris, B., & Kaminski, P. 2003–2004. Perceptions of the losses experienced by custodial grandmothers. *Omega: Journal of Death and Dying*, 48, 245- 262.
- Minkler, M. (1999). Intergenerational households headed by grandparents: Contexts, realities, and

- implications for policy. *Journal of Aging Studies*, 13(2), 199-218.
- Parke, R. D. (2013). *Future Families: Diverse Forms, Rich Possibilities*. John Wiley & Sons.
- Soliz, J. and Harwood, J. (2006). Shared family identity, age salience, and intergroup contact: Investigation of the grandparent-grandchild relationship. *Communication Monographs*, 73, 81-107.
- Strom, P. S., & Strom, R. D. (2011). Grandparent education: Raising grandchildren. *Educational Gerontology*, 37(10), 910-923.
- Strough, J., Patrick, J. H., & Swenson, L. M. (2003). Strategies for solving everyday problems faced by grandparents: The role of experience. In B. Hayslip and J. H. Patrick (Eds.), *Working with Custodial Grandparents*, 257-275. NY: Springer.
- U.S. Bureau of the Census (2012). *Profile America Facts for Features: Grandparents Day 2012*. Fact sheet CB12-FF.17 (July 31, 2012). Retrieved from http://www.census.gov/newsroom/releases/pdf/cb12ff-17_grandparents.pdf
- World Health Organization (2012). *World Health Day 2012, Ageing and health: Toolkit for Event Organizers*, Retrieved July 1, 2013, from http://whqlibdoc.who.int/hq/2012/WHO_DCO_WHD_2012.1_eng.pdf

Policy Brief

Federal Advances to Support Grandfamilies

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Abstract

It is the year of grandfamilies in our nation's capital. Not since the mid-1990s has there been so much activity among federal lawmakers and policymakers to try to help all grandfamilies, both those within and outside the foster care system. In August 2015, a major piece of legislation was introduced in Congress, which would make holistic reforms to our nation's child welfare financing system. For the first time, child welfare funds could be used to provide supportive services to parents and grandfamilies outside the system, so children do not have to enter it. For those children who are removed from their parents, a piece of draft legislation strengthens existing provisions requiring the identification and notification of relatives. This draft legislation would further help to ensure that relatives can become licensed foster parents – as one of the many options available to them—and have access to the services and supports that accompany that designation. For the first

time in over 20 years, there will also be significant changes to which data on children in relative and non-relative foster care is collected. All of this activity builds on the momentum of recent federal laws that made significant reforms supporting grandfamilies. After many years of working to raise awareness, 2015 seems to have turned the federal tide towards supporting the heroic grandparents and other relatives who come forward to raise some of our nation's most vulnerable children.

Keywords: Grandfamilies, Kinship Care, Policy, Federal, Child Welfare, Temporary Assistance for Needy Families, Family Foster Home Licensing

It is the year of grandfamilies in our nation's capital. Not since the mid-1990s with the implementation of Temporary Assistance for Needy Families (TANF) and the passage of the Adoption and Safe Families Act has there been so much activity among federal lawmakers and policymakers to try to help all grandfamilies, both those within and outside the foster care system. During the first seven months of 2015 alone, there have been two Congressional kinship care briefings focused on supporting the families, two Senate hearings on reducing reliance on foster care by placing more children with relatives, a House hearing on welfare reform proposals, including improving TANF access for grandfamilies, and a major new bill and draft legislation specifically to further help grandfamilies. That pending legislation seeks to fundamentally restructure the federal child welfare funding system to allow it to be used for preventative services. In addition to the significant Congressional activity, the U.S. Department of Health and Human Services (HHS) released a Notice of Public Rulemaking (NPRM) in spring 2015 regarding proposed changes to the Adoption and Foster Care Automated Reporting System (AFCARS). AFCARS is the primary

data collection source for all children in out-of-home care or foster care, including those with relatives, and these proposed changes would be the first since 1993. All of this activity comes on the heels of the September 2014 passage of the landmark *Preventing Sex Trafficking and Strengthening Families Act*, which among its many provisions, made significant strides for grandfamilies. This policy update is focused on this plethora of important federal activity.

The Preventing Sex Trafficking and Strengthening Families Act of 2014

On September 18, 2014, as one of the very last votes before going out on a long recess for mid-term elections, Congress passed the Preventing Sex Trafficking and Strengthening Families Act (Strengthening Families Act) (Children's Defense Fund, 2015). This law builds on the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act) and makes some important reforms. Among the many provisions, several impact grandfamilies directly.

The most immediate result of the Strengthening Families Act was continuing several ongoing Family Connections Grants, which were due to end abruptly. In 2012, thanks to the Fostering Connections Act, HHS had awarded several groups around the country with three-year grants to run kinship navigator programs to help serve grandfamilies. Congress did not authorize enough funding, and the grantees were told that they might not receive their promised third year of funding. At the last moment, Congress extended the funding to complete the third year. Evaluations of these programs are expected at the end of 2015, and will help make the case for more programs and services to help grandfamilies. In addition, although there is no authorization for another round of grants yet, the new law allows institutions of higher education, including

colleges and universities, to be eligible entities for future grants.

A second major impact for grandfamilies of the Strengthening Families Act builds on the success of the Guardianship Assistance Program (GAP), which is part of the Fostering Connections Act. GAP is an option offered to states and tribes, which for the first time allows them to use federal child welfare monies to finance monthly financial assistance to licensed relative foster parents who become guardians of the children in their care. Now, thanks to the Strengthening Families Act, a guardian may name a successor who can become the child's guardian and continue to receive the monthly assistance on the child's behalf. This is an important step forward so that relatives can plan for future possibilities, just as any responsible parent would do. Prior to this change, a child whose guardian died had to return to foster care to qualify for another GAP. That unfortunate step is no longer necessary.

Thirty-one states, the District of Columbia, and five tribes have implemented GAP, and grandfamilies' advocates hope that all states will eventually take this option, so there is another available permanency choice to children in the care of relatives (Beltran, 2015).

To encourage states to take the GAP option, the Strengthening Families Act renamed The Adoption Incentive Program as the Adoption and Legal Guardianship Incentive Payments Program. Incentive payments to states will now be based on guardianships in addition to adoptions.

Also building on the Fostering Connections Act, the Strengthening Families Act requires the expansion of the identification and notification of relatives. Under the Fostering Connections Act, states are required to identify and notify all relatives when a child is removed from a parent's care. That Act does not define "relative," but rather leaves it up to the states. Although the Strengthening

Families Act does not define ‘relative’, it does require that all parents of a child’s siblings be identified and notified when a child is removed from a parent’s care. This includes individuals considered siblings if not for the termination or other disruption of parental rights.

Finally, the Strengthening Families Act calls for the collection and analysis of information on children who re-enter foster care after placement in adoption or guardianship arrangements.

Notice of Proposed Rulemaking (NPRM) on proposed changes to the Adoption and Foster Care Automated Reporting System (AFCARS)

The data collection requirements in the Strengthening Families Act complement new data elements required by the Fostering Connections Act. Acting on both federal laws, in spring 2015, HHS released a Notice of Public Rulemaking (NPRM) regarding proposed changes to the Adoption and Foster Care Automated Reporting System (AFCARS), which is the primary data collection source for all children in out-of-home care or foster care. The proposed changes, which would be the first since 1993, make many useful and long advocated changes to the AFCARS system.

In April 2015, a few weeks after releasing the NPRM, HHS also released a notice of intent to publish a supplemental notice of proposed rulemaking (SNPRM) that states and tribes collect and report data in AFCARS related to the Indian Child Welfare Act (ICWA). For the first time, collected data will include the many American Indian/Alaska Native families who have a long and proud tradition of stepping up to care for children whose parents cannot provide care. As of August 2015, the SNPRM has not been released, and is much anticipated.

Several of the proposed data collection changes under the NPRM are very important for grandfamilies. The proposed changes will collect longitudinal data on children in out-of-home care, including those with relatives. By knowing more about these children, agencies will be better able to allocate their resources to support them. The changes also call for detailed penalty provisions if states do not comply, which is another long advocated reform. Other laudatory reforms include the proposed collection of:

- data on “fictive” kin or individuals with whom “there is a psychological, cultural or emotional relationship between the child or the child’s family and the foster parent(s)”
- information on prior adoptions and guardianships that were dissolved or disrupted before entering out-of-home care
- the same data on guardianships as adoptions
- data on guardianships and adoptions even if no financial subsidy is provided on the child’s behalf
- information on payment of nonrecurring guardianship and adoption costs
- data on siblings who are living with the child in the adoptive or guardianship home.

All of this data will help states and others better support grandfamilies who raise children in the foster care system, in addition to the relatives and kin who have adopted or taken guardianship of children who were previously part of the system.

Issues with the proposed data collection

There are a few issues with the proposed new data collection, which if rectified could better inform policymakers and programmers about children in the care of relatives, children who have been adopted or are in

guardianships with relatives, and children whose guardianships and adoptions with relatives have disrupted or fallen apart. Generations United submitted comments to HHS and recommended the following changes to the proposed data collection procedures:

Collect longitudinal data for children receiving adoption and guardianship assistance

Under the proposed changes, there will be two data files—one for out-of-home care and a second for adoption and guardianship assistance—with limited data collected for the second file. HHS proposed collecting longitudinal data for the out-of-home care population, whereas it will not be collected for the adoption and guardianship assistance population. The given reason for limiting data for the adoption and guardianship population to a single point in time is that this population is “not likely to change over time.” However, this limitation will not allow researchers to track children from disrupted or dissolved adoption/guardianship arrangements, and the reasons for the occurrences. Significant amounts of data on children, parents/guardians, and children’s relationships with the adoptive parents/guardians are collected for the out-of-home care population. But similar information is not asked for the adoption and guardianship assistance population. Even if the files are cross-referenced, the only longitudinal data that will exist for children with disrupted or dissolved adoptions or guardianships will be for those who reenter out-of-home care. Those not captured in the data are either too old to reenter the system or who go into another guardianship or adoption placement outside the child welfare system. This data is vital to understanding how these children fare.

Collect data on children receiving state adoption and guardianship assistance

Children who are not eligible for federal child welfare support (“Title IV-E eligible”) are included in the first data file, but only Title IV-E eligible children and their federal subsidy agreements are included in the second data file. The second data file on adoptions and guardianships should not be limited to Title IV-E eligible children, because at least 27 of the 31 states and District of Columbia that have taken the GAP option have state programs to serve the many children who cannot be served by GAP (Children’s Defense Fund & Child Trends, 2012). Data is needed for this population, to assess the effectiveness of GAP and determine ways to help states serve the non-Title IV-E eligible populations.

Clarify the definition of “kin”

Although “kin” is included in the proposed data collection, it is defined in such a way that could lead to confusion for the states. AFCARS already uses the term “relative,” so now there will be two categories: kin and relative. Kin is defined as fictive kin, whereas many states and community organizations define kin as including both fictive kin and those related by blood, marriage, or adoption. The definition of “kin” should explicitly not include relatives by blood, marriage, or adoption, and states can continue to report such individuals as “relatives.” This way the same population is not reported in two categories.

Collect data on the diverted population

Many public child welfare agencies are removing children from homes, finding relatives or kin, and then diverting those children from the child welfare system with little or no supports. The numbers of children “diverted” have been estimated at 400,000 (Annie E. Casey Foundation, 2012). States engage in this practice, despite

the fact that they have placement and care responsibilities. These large numbers of children need to be tracked to learn their needs, and to determine whether they eventually enter foster care.

Family Stability and Kinship Care Act

On August 5, 2015, Senator Ron Wyden (D-OR) and seven co-sponsors introduced S.1964, the Family Stability and Kinship Care Act, which would make major changes to our nation's child welfare financing system. Many organizations, including Generations United, submitted comments on the draft before it was introduced and have expressed their support for the bill.

Under the current federal child welfare financing system, there are insufficient resources to fund prevention services that keep children from entering foster care. Title IV-E of the Social Security Act, the nation's largest child welfare funding stream, currently provides states and Indian tribes with a federal funding match for certain children only after they are placed in foster care. Moreover, federal funding for community-based, prevention programs through Title IV-B of the Social Security Act is very limited.

The bill does a great deal to help grandfamilies and has explicit language directed at "kinship caregivers" throughout. It expands federal funding available under both parts B and E of Title IV for prevention and family services to help keep children safe and supported at home with their parents or with their grandparents and other relatives. The bill expands federal reimbursement under Title IV-E for up to 12 months of family services and support, including support groups for kinship caregivers and crisis intervention services, such as transportation, clothing, child care, and other similar services "to facilitate placement of children in kinship care." These services extend to children outside of the foster care system, who are "candidates" for

foster care as well as those children's family members. It increases funding by \$470 million a year for community-based prevention and intervention services through Title IV-B.

Draft Legislation to Improve the Identification and Notification of Relatives and to Remove Barriers to Licensing Relatives as Foster Parents

A piece of draft legislation builds on the identification and notification of relatives required by the Fostering Connections Act. The Act currently requires the states to exercise "due diligence" to identify and notify relatives within 30 days of a child's removal from his/her parent's home. The notification requirement includes that the state "explains the options the relative has under Federal, State, and local law to participate in the care and placement of the child, including any options that may be lost by failing to respond to the notice" (42 USC 671(a)(29)).

Leadership and staff of many child welfare agencies seem to know very little about this requirement and do not appear to be providing meaningful information to relatives about their options, including the option to become a licensed foster family. Over 40 states are providing relatives with notice in writing and are documenting this notice in the case files, but there is no data on how many states are providing information about the placement options (GAO, 2014).

The draft legislation would help to ensure that relatives receive meaningful identification and notification. The proposal would require the states to define the steps necessary to constitute "due diligence" in identifying and notifying relatives and to designate a primary kinship ombudsman who provides relatives with information about placement, visitation, and family resource options and connects them with other local services. Further, consistent

with what most states report as their practice, the legislation would explicitly require that notice to relatives is in writing and that efforts and responses in identifying and notifying relatives be documented in the case files.

This draft legislation would also provide guidance to the states on family foster home licensing standards and help to remove barriers caused by state standards. Federal law allows states a great deal of flexibility in creating licensing standards. The Social Security Act only requires states to establish and maintain standards for foster family homes and child care institutions which are “reasonably in accord” with recommended standards of national organizations (42 U.S.C. § 671(a)(10)). Until fall of 2014, however, there were no comprehensive national standards. Due to this lack of guidance, licensing standards vary dramatically among the states and often pose unnecessary barriers to both relatives and non-relatives.

During fall 2014, Generations United, the American Bar Association Center on Children and the Law, The Annie E. Casey Foundation, and the National Association for Regulatory Administration (NARA) released the first set of comprehensive model family foster home licensing standards. NARA, as the nation’s association of human service regulators, took the added step of adopting them as its standards (NARA, 2014). This model does away with artificial barriers, such as requirements to own vehicles, be no older than age 65, have high school degrees, and live in homes with certain square footage. In their place are reasonable standards that lead to safe and appropriate homes and families. For example, functional literacy is required, rather than high school diplomas; capacity standards are based on home studies, and other methods of transportation, including public transportation, may be used.

The draft legislation would direct states to create a task force consisting of a state legislator, a child welfare

agency representative, a judge, a kinship caregiver, and youth from foster care, among others, to assess their current family foster home licensing standards for barriers. The task force would then recommend and take action on making any necessary changes to their existing state standards, using the NARA model as a tool.

Grandfamilies in Temporary Assistance for Needy Families (TANF) Reauthorization

Temporary Assistance for Needy Families (TANF) or “welfare” is due for reauthorization in this Congress, and many legislators of both parties are interested in ensuring that access is improved for grandfamilies. One out of every two children being raised solely by a grandmother lives in poverty, and only 14% receive TANF (U.S. Census Bureau, 2014). Although there is no draft legislation as of August 2015, Generations United is in discussions with several Members of Congress and expects to see language to help grandfamilies access TANF. On July 15th, the House of Representatives Ways and Means Committee held a hearing on welfare reform proposals, including improving TANF access for grandfamilies. Among Generations United submitted recommendations to the Committee were the following:

(1) Require states to explain and grant the federal “good cause” exemption to child support assignment.

Generations United conducted a survey in August 2014 of the Brookdale Foundation’s Relatives As Parents Program (RAPP), the nation’s largest network of support groups and services for relatives raising children. The results showed that the most significant barrier to accessing TANF child-only or family grants is the requirement to assign child support collection to the state. Caregivers often do not want to assign their rights for a couple of reasons. Some fear retaliation that the parents will get

angry and physically hurt the child or caregiver or will simply take the child back when it is not in the child's best interest. Other caregivers report that they do not want to pose another challenge for their adult child who is already struggling financially and emotionally.

Federal law allows for a "good cause" exemption to the requirement to assign child support but does not provide much guidance on what this entails and does not require states to provide the exemption. States could use more guidance and direction that requires them to grant it. Most states do not have language on their TANF application form concerning the exemption. Consequently, caregivers do not know about the "good cause" exemption, or how to obtain one.

(2) Define "relative" and include "fictive kin," godparents and close family friends, who raise children instead of parents.

The definitions of "relative" vary dramatically among the states, and most states do not include fictive kin in their definitions. Including these adults is best practice, as these family-like adults are a significant population especially among African Americans, Latinos, and Native Americans who have a strong tradition of caring for each other's children. Including these caregivers in TANF is culturally responsive to these populations and ensures that they are supported in their valiant efforts to raise children who cannot live with their parents (Generations United, 2014).

(3) Reinstate the previous work requirement and time limit exemption categories of kin applying for family grants.

In the past, caregivers who were part of an AFDC assistance unit were exempt from work requirements if they were too ill to work, over age 59, were needed in the home

to care for an incapacitated household member or were providing care for young children. These exemptions no longer exist under federal law, although the states have the flexibility to exempt groups from TANF's work requirements and time limits. Depending on the state and the exemptions made, TANF family grants may not be available for retired relative caregivers or for caregivers who will need assistance for more than 60 months (Generations United, 2014).

(4) Increase asset limits for TANF applicants age 60 and older.

A recent trend among states has been to do away with all asset limits for TANF recipients. Such states include Alabama, Colorado, Hawaii, Illinois, Louisiana, Maryland, Ohio, and Virginia (Corporation for Enterprise Development, 2013). For those states that do not exempt all assets, the only asset distinctions made for older recipients are in some states—Alaska, California, New York—and the District of Columbia, which allow the “elderly” or those who are typically age 60 and older to have \$3,000 in assets, whereas other applicants and recipients can only have \$2,000 (Generations United, 2014). In addition to these very limited assets, the majority of states allow TANF recipients to have additional assets for specific purposes like saving for college or purchasing a home, but only the District of Columbia and Hawaii explicitly allow recipients to have assets for retirement (Generations United, 2014). The federal government must tell the states that they need to encourage these middle-aged and older caregivers to continue to save and plan for retirement. The states must not penalize caregivers for stepping up to raise related children and keep them out of foster care.

Conclusion

This is the year of grandfamilies in our nation's capital. For the first time in 20 years, several key pieces of legislation are being pursued that will help grandfamilies both inside and outside the foster care system. Members of Congress are seeking reforms to federal child welfare financing, family foster home licensing, identification and notification of relatives, and TANF access. Generations United and many other organizations, caregivers, and advocates will continue to work to ensure that the reforms pending in 2015 are enacted, and that the appropriate next steps are taken to ensure that grandfamilies are fully supported.

References

- Adoption and Foster Care Analysis and Reporting System; Proposed Rule, 80 Fed. Reg. 7132 (February 9, 2015). Retrieved from:
<http://www.gpo.gov/fdsys/pkg/FR-2015-02-09/pdf/2015-02354.pdf>
- Adoption and Foster Care Analysis and Reporting System; Supplemental Notice of Proposed Rule, 80 Fed. Reg. 17713 (March 13, 2015). Retrieved from:
<http://www.gpo.gov/fdsys/pkg/FR-2015-04-02/pdf/2015-07574.pdf>
- Annie E. Casey Foundation. (2012, May). *Stepping up for kids: What government and communities should do to support kinship families*. Retrieved from:
<http://www.aecf.org/resources/stepping-up-for-kids/>
- Beltran, A. (2015). *Subsidized Guardianship: summary and analysis*. Retrieved from:
<http://www2.grandfamilies.org/SubsidizedGuardianship/SubsidizedGuardianshipSummaryAnalysis.aspx>
Children's Defense Fund, Child Trends, American Bar Association Center on Children and the Law, Casey Family Programs, Child Focus, and

- Generations United. (2012, October). *Making it work: Using the Guardianship Assistance Program (GAP) to close the permanency gap for children in foster care*. Retrieved from:
<http://www.grandfamilies.org/LinkClick.aspx?fileticket=9SHP4MOANmE%3d&tabid=41&mid=403>
- Children's Defense Fund, Child Welfare League of America, First Focus, Generations United, Foster Family-based Treatment Association, and Voice for Adoption. (2015, January). *Implementing the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) To Benefit Children and Youth*. Retrieved from:
[http://www.grandfamilies.org/Portals/0/Implementing%20the%20Preventing%20Sex%20Trafficking%20and%20Strengthening%20Families%20Act%20To%20Benefit%20Children%20and%20Youth%20d%20w%20comments%20\(2\).pdf](http://www.grandfamilies.org/Portals/0/Implementing%20the%20Preventing%20Sex%20Trafficking%20and%20Strengthening%20Families%20Act%20To%20Benefit%20Children%20and%20Youth%20d%20w%20comments%20(2).pdf)
- Corporation for Enterprise Development (2013). Retrieved from:
http://cfed.org/blog/inclusiveeconomy/hawaii_becomes_the_seventh_state_to_eliminate_tanf_asset_tests/; and Illinois 2013 Public Act 098-0114.
- Family Stability and Kinship Care Act, S 1964, 114th Congress (2015).
- Generations United. (2014). *Policy Brief: Improving grandfamilies' access to temporary assistance for needy families*. Retrieved from:
<http://www.grandfamilies.org/Portals/0/documents/Home%20page/GU%20Policy%20Brief%20-%20TANF%20Assistance%20Final%202.pdf>
- The Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 U.S.C. §673(d).
- National Association for Regulatory Administration.(2014). *Model Family Foster Home Licensing Standards*. Retrieved from:

<http://www.grandfamilies.org/Portals/0/Model%20Licensing%20Standards%20FINAL.df>

The Preventing Sex Trafficking and Strengthening Families Act of 2014, P.L. 113-183.

The Social Security Act, 42 U.S.C. § 671 et seq.

U.S. Census Bureau. (2014, October). *Coresident Grandparents and Their Grandchildren: 2012*. Retrieved from

<http://www.census.gov/content/dam/Census/library/publications/2014/demo/p20-576.pdf>

U.S. Government Accountability Office. (2014, May). *HHS Needs to Improve Oversight of Fostering Connections Act* (Publication No. GAO-14-347). Retrieved from:

<http://www.gao.gov/products/GAO-14-347>

National Research Center on Grandparents Raising Grandchildren

Mission

Our mission is to improve the well-being of grandparent-headed families by promoting best practices in community-based service delivery systems, and to advance the work of practitioners and scholars in the development, implementation and evaluation of new knowledge and services in the field.

Core Beliefs

Grandparents contribute to the preservation of family systems when taking on the responsibility of raising their grandchildren. Grandchildren, as well as all children, deserve to be loved and cherished in safe and nurturing families. Parents should have primary responsibility for their children, but when they are unable/unwilling to assume that role, grandparents should be given the resources and support to assist them in managing parental responsibilities. Generally, communities are better served by grandparents taking on the custodial care of their grandchildren, when needed.

Center Goals

- Influence new scholarship that merges the fields of aging, child welfare, and family research in the context of intergenerational caregiving.
- Communicate and disseminate evidence-based research and practice strategies to practitioners, researchers, policy advocates, and grandparent caregivers.

- Promote training and professional development of service practitioners and other allied professionals working with grandparent caregivers.
- Endorse the replication of evidence-based strategies to support better outcomes for children, families, and communities across the nation.
- Support current and emerging researchers and practitioners working in the fields aging, child welfare, and family services to sustain efforts leading toward positive social change for intergenerational families.